TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the hospital or attending physician.

MPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once should be detached for use as the buriol-transit permit. Then please remove cohomopopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

	FOR - STATE REGISTRAR		21401		MENT OF HI CERTIFI	OF MARYLAN EALTH AND MI CATE OF DE	ENTAL HYG		REG. NO		9 4	6 EDT
	CEASED NAME E OR PRINT)	LUIS		BRASILEN	IO A	DORABL	E	20. DATE OF		11,	1983	25. HOUR P
3. SE	MALE		PHILIP	PINO 8	5. DATE O	6 -191	YEAR	6. AGE (IN YE		YRS.	IF UNDER 1 YEAR	HOURS MIN.
1	IRTHPLACE (STATE OR COUNTRY) ilippine	sl.	Philip	pine Isl.	WIDOWE		DRCED [9. BALTIMO			COUNT	Y MI
1	LEN BURN			HOSPITAL, NURSIN			UTION	120 USUAL C STANOO	FOR MOST OF	WORKING LIF		
130	AL RESIDENCE (IF NURS	13b COUN		13t. CITY OR TOW	N I		1001			y-Anr	2140 apolis	
	ATHER'S NAME FIRST Add	rable	MIDDLE	LAST		15. MOTHER'S /	RST	Brasil	MIDDLE		ĮA:	ST
	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	NONE	IRITY NO.	Amelia		- Same	AB 1	3 E		
	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to im- couse (o), stofir underlying couse	MAS CAUSEI IMMEDIAT which mediate ing the	DUE TO, (DRAS A CONSEQUE	ENCE OF	of Ch	nen	e P	66	ofon	BETWEEN	RIMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGN			CONTRIBUTING TO I				200 AUTO		20b. IF YES	S, WERE FINDI	NGS USED
14	210. ACCIDENT WAS UNI	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH DI P.M.	AY YEAR	21c. HOW INJU	JRY OCCUR	RED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 8	PART 1 OR PART 2)	
MEDIC	21d INJURY OCCUR	ILE [OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION	1		CITY OR TOV	vn /	COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (4	ed olive on.	9/	11 / 19		d that in (my) (c	19 Sour) opinion	, to death occurre	d on the do	te and hou	or and from the	2000

22e ADDRESS

7957

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

C.E.HICKS 111 Annapolis, Maryland

23b. DATE

EROL, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24. FUNERAL DIRECTOR

Annapolis A.A. Md. STA Annapolis Annapolis

MARYLAND

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

PIPERS

PASS, GLEN

O POR

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	7	4	1

	REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. NO).		
	CEASED NAME	FIRST		AIDDLE		AST .		C	нтиом	DAY YEAR	2b. HOUR
	/	Mangare.	t	Trilby		Inglin		Septembe	n 7	, 1983	M
3. SE	X	4. R	ACE		5. DATE C		4.0	6. AGE (IN YEARS LAST BIRT	HDAY}	MONTHS DATS	IF UNDER 24 HRS
	Female		White		Mai	rch 13, 18	97	86	YRS.		
	RTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIE	0	9. BALTIMORE CITY OF	COUNT	Y OF DEATH	
	Virgin	ia	USA		WIDOWE			Anne A	rund	el Count	ty MD.
10 C	TY OR TOWN OF DE	ATH 11.		OSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTIO	N	128. USUAL OCCUPATION			F BUSINESS OR
1	Linthicum		1001	amp Meade		L. 21090	9	Dietician		Unive	ersity
	AL RESIDENCE (IF NURS	ING HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIM	ITS?	138. STREET ADDRESS			0
1	lanyland	1 1	rundel	Linthie	cum	YES NO			Mead	de Road,	21090
14. F/	THER'S NAME	MIDE	N.F	IAST		15. MOTHER'S MAID	EN NAM	AE MIDDLE		IAS	Ţ
	Joseph			Nelms		Janie				Lu	Lsey
	VAS DECEASED EVER	IN U.S. ARMED		16b SOCIAL SECU	RITY NO.	17 INFORMANT		200h	thic	m. Md.	21090
1	no or unknown)	(IF TES, GIVE WA	IN ON DATES!	214-22-7	385	Frances	7. 7	homas 604 (amp /	Meade Ra	1.
	18 CAUSE OF DEAT	H (Enter only o	ne couse per	line for (o), (b), gno	d (c).)	1		0	1	BETWEEN C	MATE INTERVAL
	PART I. DEATH W	IMMEDIATE C		Hout	2 1V	40 Caro	ha	(Inforc	ron		
	4100		DUE TO, OF	AS A CONSEQUE	NCE OF	1- 0	_				
	Conditions, if ony		(b)	AS A CONSEQUE	080	Usotro	0	raciovasi	ule	2	
	gove rise to immor cause (0), static	ig the	DUE TO, OF	R AS A CONSEQUE	NCE OF			disease		9 4 44	
	underlying cause	lost.	(c)								
7	PART 2 OTHER SIGN	VIFICANT CON	DITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	ETERM	INAL DISEASE OR COND	ITION GI	VEN IN PART 10	
CERTIFICATION										3 / 5	
SA	190 DATE OF OPERA	TION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		S, WERE FINDIN	
Ē	Entine,							YES NO		ES 🗌	NO []
	OR CONTRIBUTING		21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY C	CCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
18	(IF EITHER NOTIFY MEDI		P./	M.	19						
MEDICAL	21d INJURY OCCUR		21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
~	AT WORK AT WO	AK			01		0.		1	0.2	
	220.1 certify that (1)		attended the	deceased from	2	12 19-	83	10	0		that (1) (we) lost
	sow the deceos obove, (I) (we)	ed and be- old) did nat vi	ew the body	o ter death.			pinion o	death occurred on the do	te and ho		
	22b. SIGNATURE	401	0	3500	3875	DEGREE ATTEND	ING	MEDICAL STAF		22c. DATE	SIGNED
	- (DIM	7			PHYSIC		DIRECTOR PHYSIC		77/	183

BP.

retained by the haspital ar TO HOSPITAL OR

DHMH - 16 50M 4/82 (VRA 15, 4)

IU FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other froumotic

IMPORTANT: If them 21 is marked or them 18 shows any

230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial
24 FUNERAL DIRECTOR 9/9/1983

Mo ully Funeral Homes

23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Pk

Balton, M., 21225 237 E. Patapsco Ave.,

MUNDRA

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Section 7 15	in	nes sh	a sisa t	
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Juliu	air.	-	, e , c	
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	رين لافلاموه و (کر			
P L P	11/2			
53/5/				
TAN I DO I OF GREATHER	201 F	A Challet A	, AVS 2	
At you on a wine,	let aver et. E.	19/1/93	Durial	
		Hance 27 .	CH WEB	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral directional be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

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injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HARIENES

- STATE REGISTRAR	CERTIF	CATE OF DEATH	REG NO	
1. DECEASED NAME FIRST (TYPE OR PRINT) Charles	A .	strong	20 DATE OF DEATH MONTH	2-83 1225 M
3 SEX 4 RAC	E S DATE O		AGE (IN FLAND LAST BIFTHDAY)	IF UNDER ! YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN 76 CITI	ZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE	NEVER MARRIED	BALTIMORE CITY OR COUNT	YOF DEATH MD.
	AME OF HOSPITAL, NURSING HOME O NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OWNS VIILA HOSP		120 LI VAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY 4 E
USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 130 STATE		13d INSIDE CITY LIMITS? YES NO E	30 STREET ADDRESS	nd Auc
14. FATHER'S NAME	armstrong	15 MOTHER'S MAIDEN NAM	E MIDDLE	Seach
Ide WAS DECEASED EVER A U.S. ARMED FO	212-05-5609	17 INFORMANT P+ (5 rec	ADDRESS	
Conditions, if any, which gave rise to immediate	Cardinal	Advaced		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ALLAN TO
PART 2 OTHER SIGNIFICANT CONDIT	CONDITION FOR WHICH OPERATION	Decurity L	200 AUTOPSY? 20b. IF YOU IN CERT	IVEN IN PART TO ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d	b. TIME OF INJURY 10UR A.M. MONTH DAY YEAR P.M. 19 B. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	
220.1 certify that (I) (this hospital) attention of the deceased alive an above, (I) (we) (did) (did nat) view to 22b. SIGNATURE	9_C2 1983, on the bady after death		nto 9 - (2) cath occurred an the date and ha	that (t) (we) lost our and from the causes stated 226. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

LORES

236 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION

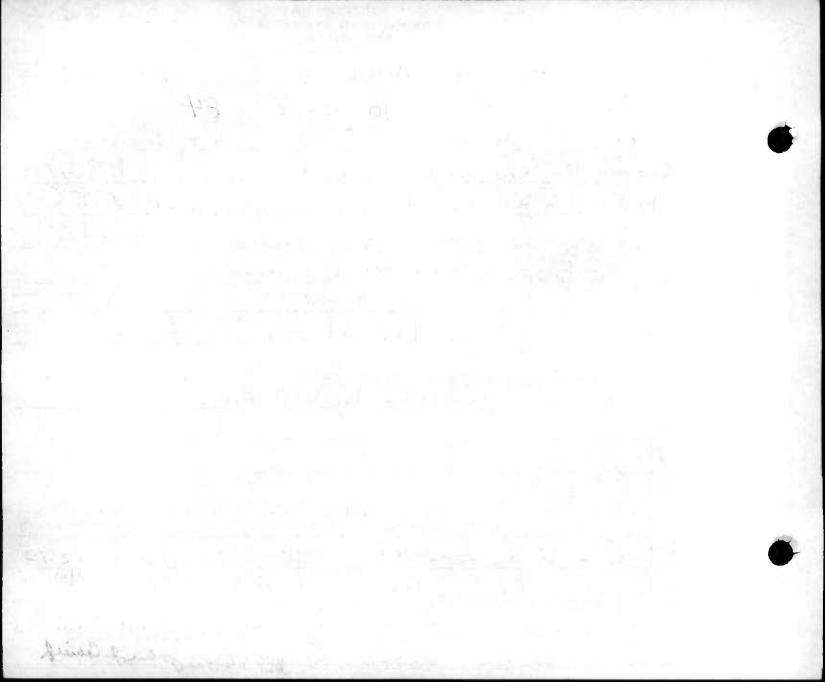
DHMH - 16 60M 1/75 (VR A 15 (4))

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicial

24 FUNERAL DIRECTOR
NAME
DARPAGA

REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			Pai Alli	CERTIF	ICATE OF D	EATH	o i circ	REG. NO.		EDT
	CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	- Carraining	DOROTH	Y E1	eanor /	ARNOLI)		SEP'	TEMBER 26	, 1983	200 A
3. SE	×		4 RACE		5. DATE C			6 AGE (IN YEA	RS LAST BIRTHOAY)	IF UNDER 1 YEAR	
	Female	21111	Whit	e	Dec		9Ŏ̈́7̈́	75	YRS.	MONTHS DAYS	HOURS MI
7a. B	IRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D K NEVER M	APPIED []	9 BALTIMOR	ECITY OR COUNT	Y OF DEATH	
Ma	aryland		USA		WIDOWE		ORCED	AN	NE ARUNDE	L COUNT	Y
	GLEN BURN	VIE	NORTH	2 8 (0)1 (1) (1)	HOSP:		TUTION		CCUPATION FOR MOST OF WORKING E CETARY	IFE) INDUSTRY	fice
13a	AL RESIDENCE IF NO STATE Aryland	13b COUN A	TY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Sever	N	13d. INSIDE CIT	IY LIMITS? NO 🄀	13e. STREET AI 8245	Quarte	2114 rfield	
14 F/	THER'S NAME FIRST UNKNO		AIDDLE	Mille	r	15. MOTHER'S	maiden na leano		WIDDLE	Nor	ST C
16a \	VAS DECEASED EVE		AED FORCES?	16b SOCIAL SECU		17 INFORMAN		band	ADDRESS		
(NO OR UNKNOWN)	NO.	ne war or dates)	217.28.				rnold		Same 13	as
	Conditions, if or gove rise to it couse (a), sto underlying cou	ny, which mmediate ting the	(b)	r as a conseque							<i>x</i> 13
NO	PART 2 OTHER SI	GNIFICANTO	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED 1	O THE TERM	MINAL DISEASE	OR CONDITION GI	VEN IN PART 1	D
CERTIFICATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOP	IN CERT	S, WERE FINDIN	
MEDICAL CERI	220.1 certify that	CAUSE OF DEA' DICAL EXAMINER) WHILE OORK (this hospit	P./ 21e. PLACE ((AT HOME, STR	M. MONTH DAM M. DET INJURY EET, FACTORY, OFFICE FACTORY, OFFICE FACTORY	19 ARM, ETC.) \$ 18 3 , or	211 LOCATION STREET	, 19 3 our) opinion of	RED (ENTERNATU	RE OF INJURY IN ITEM 18 CITY OR TOWN on the date and ha	COUNTY	STATE that (We) lacouses stated
	TOPATI	ME M I	DATLEY	MD	-	PA	SADENA	MARYL	AND 2112	2.	

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signe should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior ta bur

MPORTANT: If Item 21 is marked or Item 18 shaws

24 FUNERAL DIRECTOR APPLICATION ADDRESS SINGleton Funeral Home, Glen Burnie, MD

236 DATE

Sep 28,83

23a BURIAL, CREMATION, REMOVAL

Cremation

Security Process Inc C. Catonsville MD.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE nc.

23d. LOCATION

STATE

Ell 2/6 - Marine in Lange of the Land of t and the same of the same of the same of A CARD MUTEUR DE SERVICE DE CARDE DE C

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND

5 2

1.	- STATE			DEPAKI		HEALIH AND MENIAL	HTGIEN	t			-	
	REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.			ED'	ľ
	CEASED NAME	FIRST	Che	esty		LAST	20	DATE OF DEATH MON	ГН	DAY YEAR	2b HOU	R
(1.04)		LBERT	C	A	UCKLA	ND		SEPTEMBER :	17.	1983	1123	AM
3. SE			RACE	-	5. DATE		6 /	AGE (IN YEARS LAST BIRTHDAY		IF UNDER I YEAR	R IF UNDER	24 HR5
	Male	4	1.	White	MONT		20	63		MONTHS DAYS	HOURS	MIN.
76-R	IRTHPLACE (STATE OR	CONCICN		WHAT COUNTRY?	July	25, 192		BALTIMORE CITY OR CO	YRS	V OF DEATH		
	COUNTRY	POREIGN	D. CHIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED						
	England		US	SA	WIDOW			ANNE ARUN	DEL	COUNT	Y	MD
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSII TH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120	USUAL OCCUPATION YPE OF WORK FOR MOST OF WOR	eking ii	126. KIND	OF BUSINE	SS OR
. (GLEN BURNT	E		ARUNDEL		TAL		Inspector(re	t.) Alum	i num	00
USU 13a	AL RESIDENCE (IF NUR	NUC VIII	HER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)					.Box 6		
	Maryland	1.40		Grasonv		134 INSIDE CITY LIMITS	5? 13e	STREET ADDRESS Maryland Ro			21638	3
-	ATHER'S NAME	1 400 001	THING E	d drabon.	1110	15. MOTHER'S MAIDEN		nary rand no	200	10,	دوادا	
1	FIRST	٨	NODLE	LAST		FIRS1		WIDDLE		1./	A51	
				Auckland		Alice		Frances		Illing	gworth	n
	WAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECI	JRITY NO.	17 INFORMANT W	life	ADDRESS	.0.	Box 63		
	Yes		II	216-07-	6585	Mrs. Elsie	P.	Auckland, G	ras	onville	e. Md	.216
	IB CAUSE OF DEAT	TH (Enter onl	v ane couse per	line for (a), (b), ar	nd (c).		1				XIMATE INTER	
	PART I. DEATH V	WAS CAUSED	BY:	NONALA	alor	4 arres	21			31,111	TOTALL AND	
	4920	IMMEDIATE	CAUSE (a)	en jour		1						
			DUE TO, O	RAS A CONSEQU	ENTEC	unale						
	Canditians, if any		(b)	Chip	mor	ur nacc						
	couse (a), stati	ng the	DUE TO, OI	R AS A CONSECU	ENCE OF	1	/.	/	/			
	underlying cause	e lost	((c)	Mul	uni	rary our	Mys	eur + fu	10	Rec		
	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE T	TERMINA	L DISEASE OR CONDITIO	N GIV	VEN IN PART 1	la	
ON	100	de	Wells	e, ch	Mu	16.1 0	122	. 1				
CERTIFICATION	190 DATE OF OPERA	NOIT	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	T	20a AUTOPSY? 20b	IF YE	S, WERE FIND	INGS USED)
F	1010 M		1000							FYING CAUSE		
ERT	210. ACCIDENT WAS UN	IDERLYING	21b. TIME O	F IN ILIPY	-	1214 HOW INCHES OF		YES NO (ENTER NATURE OF INJURY IN IT		ES	NO [
	OR CONTRIBUTING			M. MONTH D	AY YEAR	THE HOW INJOK! OC	CORRED	ENIER NATURE OF INJURY IN II	FW 18 1	PART I OR PART 2)		
CA	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P.,		19							
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	EADM ETC 1	211. LOCATION		CITY OR FOWN		COUNTY	51	TATE
>	MHILE NOT W	CHILE CORK	(ATTIONE STA	TELT, THE TONT, OFFICE,	ranm, crc y			/				
	220.1 certify that	(this haspite	ol) attended the	e deceased from_	19	60 19		10 9/17		100 5	that (I) (w	ve) last
	sow the deceos	sed alive on_	9167	19 4	5 3 . 0	nd that in (my) (aur) opin	nian deat	h accurred on the date as	nd hou			
	above/(Ir(we),	did (did not	view the bady	after death.								,
	The same	/	1/	- 13.	. /	DEGREE	1C M	AEDICAL STAFF		THE DATE	ESIGNED	6.
	/pen	2//	- Sc	della	_ /	PHYSICIA	IN ET DI	RECTOR PHYSICIAN		9/	17/	8 5
,	276. PHYSICIAN'S N	AME TYPE OR	PRINT)			22e ADDRESS	517 F	MPIRE TOWER	S	BE U	/	
-	1		TAN (TT)	1		CITAL DI	URNTE			161		
23a E	BURIAL, CREMATION	REMOVAL	12th DATE	230	NAME OF C	GLEN BI		23d LOCATION	411	IV.I		
	(SPECIFY)	,	For 20					CITY OR TOWN	m- 7	COUNTY	200 78	ATE
14 51	Burial UNERAL DIRECTOR	D==-1	Sep. 20,			Hill Cemete				bot,	Md.	
	NAME			eral Home				C'D. BY REGISTRAR 29	EGIST	IKAR'S SIGN	URE	2
Ja	ames H. Ba	rton,	Jr., Ce	entrevill	e, Md	. 21617 3	EP 2	1000 N		~~~		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

THE DATE OF THE PROPERTY OF TH

COLOR DEPTH TOMESS

TANKS J. HIMMINGS, M.D. GLEN REPORTS, NAMED 21061

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DHMH - 17

(VR A15 ME (5)) 20M 4/B2

		FOR			STA DEPARTMENT OF	HEALTH AND	205	ENE	2 2 9	5	
		STATE REGISTRAR		ME	DICAL EXAMIN	NER'S CERTIF	ICATE OF D	EATH R	EG. NO.		
	(TYPE	EASED NAME OR PRINT) Presa	THER	ESA	# Hedwig	BAU	L BACH	20. DATE KNO OF EST DEATH MAT	. = .	DAY YEAR	1900
	3 SEX	7	1. RACE	5. DATE OF BIRTH	1902 6. AGE (IN Y) LAST BIRTHE	EARS IF UNDER 1 YE DAY) MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	MONTH 9	DAY YEAR	24 HOUR
2	7a. BIF	RTHPLACE (STA	ATE OR	76. CITIZEN OF W	S A	8. MARRIED D	NEVER MARRIED DIVORCED		city <u>or</u> count rundel C		MD.
3	10. CI	rortowno	1 /		SPITAL, NURSING HOM	/-	TUTION 12a	OR MOST OF WORKING L		OR INDUSTE	SINESS
ラ	USUA 130 ST		IF IN NURSING HOME OR	Balto	13c. CITY OR TOWN	Balto 13d. INSIDI	(ITY LIMITS? 13e. 5	STREET ADDRESS	409 Wjlk	ens Av	21229
6	14 FA	THER'S NAME FIRST	Christia	an Z	ilonka	Is. MOT	HER'S MAIDEN NA	MIDDLE	Lorenz	LAST	
)		AS DECEASED 5, NO, OR UNKNOV NO	EVER IN U.S. ARM		212-07-64	74 74 77 77 77		h/6904 Up		o Md 212 Circle	
	Z	Condition gave rist cause (a) lying caus	IMMEDIATE s, if any, which to immediate stating the under-	BY: E CAUSE (a) (b) DUE TO, OR (c)	AS A CONSEQUENCE	Prior	Mis TON GIVEN IN PART 1 10	Faile	re	BETWEEN ONSET	AND DEATH
1	FICATIO	190 DATE OF	OPERATION	196. CONDI	TION FOR WHICH OPE	RATION WAS PERFO	DRMED?			20 AUTOPSY?	NO []
2	MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTIN 214 INJURY O WHILE AT WORK	OR SCAUSE OF D	EATH P.M	MONTH DAY YEA	21t. HOW INJUI	RY OCCURRED (EN	TER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	1721	STATE
			y 1hat I took charge	of the remains de	scribed abave, held an			, Inquiry determined monner	and in my api	inian	
1		ACTUAL SIGNATURE_	9-	- 5	Whil	M.D.	Depretag N	AEDICAL EXAMINER	DATE	9-25	-13
1		EXAMINER'S N (TYPE OR PRIN	(T)	AME)	E NHE	EL ERODORESS	910 F	remose	Ked /7	trungo.	1.5
		JRIAL, CREMAT	ial C	DATE		METERY OR CREMA		LOCATION	COUN		ATE

| 236. NAME OF CEMETERY OR CREMATION, REMOVAL | 236. DATE | 236. NAME OF CEMETERY OR CREMATORY | 236. DOCATION | COUNTY | STANDARD | COUNTY | COUNT

THERET A FRANK THERET The state of the s AND THE RESERVE OF THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF T and the result

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH HINOM 26 HOUR (TYPE OR PRINT) 12e 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR OAYS HOURS. To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALMMORE CITY OR COUNTY OF DEATH MARRIED -NEVER MARRIED L WIDOWED DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4. FATHER'S NAME FIRST MIDDLE MIDDLE **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY mon IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION &IVEN IN PART 1101 CERTIFICATION 0 SION 190 DATE OF OPERATION 20g AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceosed from, sow the deceosed olive on 19 obove. (1) (we) (plid) (did not) wew the bodylafter death. fur) opinion death occurred on the date and hour and from the couses stated and that 22b. SIGNATURE DEGREE 22c DATE SIGNED

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DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL 23b. DATE

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27 d PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY 73d. LOCATION

ATTENDING

MEDICAL

WWY PHYSICIAN ADIRECTOR PHYSICIAN

25a. DATE REC'D. BY REGIS

STAFF

22e ADDRESS

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	CEASED NAME FIRST	MIDDLE	Barnes	2a DATE OF DEATH	AONTH DAY YEAR 126 HOUR
3. SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
	FEMOLE	LIHITE	1 4 1960	83	YRS.
	IRTHPLACE (STATE OR FOREIGN 76	. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF	
M	ISSOURÍ	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		HRUNDEL
10,0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	IG HOME OF OTHER INSTITUTION	12a. USUAL OCCUPATIO	N 12b. KIND OF BUSINES
	WWAPOhis /	TUNAPULIS	Duesing Homis		FR
USU.	AL RESIDENCE (IF NURSING HOME OR OT	THER INSTITUTION GIVE RESIDENCE BEFORE		13e STREEL ADDRESS	1 1 214
	MD. 144	HUWAR		65 DEC	ATUR HUE
14. F	ATHER'S NAME	DDLE LASS	15. MOTHER'S MAIDEN I	NAME	LAST LAST
7	JOHN F.	MINIHA	LDA	ADDRES	EBENEZE
	WAS DECEASED EVER IN U.S. ARMI YES, NOOR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU	OF LOCAL INFORMANT	MARKINE	11001 # 13
	DO -	170-05	JOOD FUED DOY	IN THEKID	DOD 41 12
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY.	T. a Harr	Failuse.	APPROXIMATE INTERV
	IMMEDIATE		Tive Trears	Tailure	1-2 /13
	7709	DUE TO, OR AS A CONSEQUE	ENCE OF FO LUCE		1140
	Conditions, if any, which gave rise to immediate) (0)	101101		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	lized aTheras	derosis	Yrs.
	PART 2 OTHER SIGNIFICANT CO	107	DEATH BUT NOT RELATED TO THE TE		ITION GIVEN IN PART 1/0
NO	Diabetes -	27			
CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	78e. AUTOPSY7	20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
E				YES NO	YES NO [
	21s. ACCIDENT WAS UNDERLYING. [] OR CONTRIBUTING. [] CAUSE OF DEATH	HOUR AM MONTH D	AY YEAR THE HOW INJURY OCC	JRRED TENTER THROPS OF PHILIPPE	PLOTENTE FART GRPART 2)
CAL	(FEITHER HOLFT MEDICAL ERAMINER)	P.M.	19		The State
MEDICAL	WHILE CO MOS WHILE CO	21s PLACE OF INJURY (AT HOME STREET ANCIDER OFFICE)	ZH. LOCATION	CITY OR YOM	ny county six
1	WHITE AT WORK			9/1/	97
	22s I certify that (I) This hospital	CATEL	V3 10/1	2 10 1/10	19_0 that(1),(w)
1	saw the Accessed giverant above (1) (we) (did) (shid not)	view flye body after death.		on death occurred on the dar	te and hour and from the causes stat
	TOS SIGNATURE	1. Friend	M - D. ATTENDING PHYSICIAN		
	224 PHYSICIAN & NAME (TYPE OR P	1. Friend	205 Ridg	ely Ave	Amopolis m/. 2
23a 8	BURIAL, CREMATION, REMOVAL	9/20/83 KI	NAME OF CEMETERY OF CREMATOR	LOCATION CITY OF TOWN	UA PIXE ME
- Annaharan	UNERAL DIRECTOR	ADDRESS	1 1 25d. D	ATE REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIGNATURE
IIA	Was tuston	MIDOUI TO	alunandic Miller	0	

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician orth or should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

completely filled in by the funeral director, page 1 - and 2 should be filled within 72 hours aft

ofter death. Page

(VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with the hours after deat efformed by the hospital or attending physician.
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	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG NO	2 2 9 5 4 EDT
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		OMER	A.	BLY, Sr.	SEPTEMBER	20, 1983 \$15 P
	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
		Male	White	May 4. 1915	68	YRS. MONTHS DAYS HOURS M
once.	2	IRTHPLACE (STATE OR FOREIGN COUNTRY) irginia	76. CITIZEN OF WHAT COUN		9 BALTIMORE CITY OF	NDEL COUNTY
Post of		ITY OR TOWN OF DEATH GLEN BURNIE		JRSING HOME OR OTHER INSTITUTION		WORKING LIFET INDUSTRY
of the state of th	Ma		INTY 13c. CITY OR	vidsonvirle no	S? 13e STREET ADDRESS 1507 Mano	21035 or View Road
Skamin S	14. F/	Alfred	Bly LAST	15 MOTHER'S MAIDEN FIRST Hatti	MIDDLE	Racey
nedicol /		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL		aughter ADDRES	SS
med		No	The street of the street		ia A. Burnet	t Sameas #1
rtrou		Conditions, if any, which gave rise to immediate	(b) 1 of)	water fra	ruemi	
Jury, or othe	Z	cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS	EQUENCE OF LEVEL STORES TO DEATH BUT NOT RELATED TO THE	Acedet TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
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n 21 is marked ar Item 18 shows any injury, ar othe.		Underlying couse lost PART 2. OTHER SIGNIFICANT 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFYMEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFYMEDICAL EXAMINE AT WORK 220. I certify that (1) (this hasp sow the deceased alive or above, (1) (war igher fider)	CONDITIONS CONTRIBUTING 19b CONDITION FOR WE 19b TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJURY) CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE NO COUNTY STATE
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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH

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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral direction of detached for use as the burial-transit permit. Then please carban papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

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FOR	DEPARTMENT OF HEAL
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FMARYLAND LTH AND MENTAL HYGIENE ATE OF DEATH

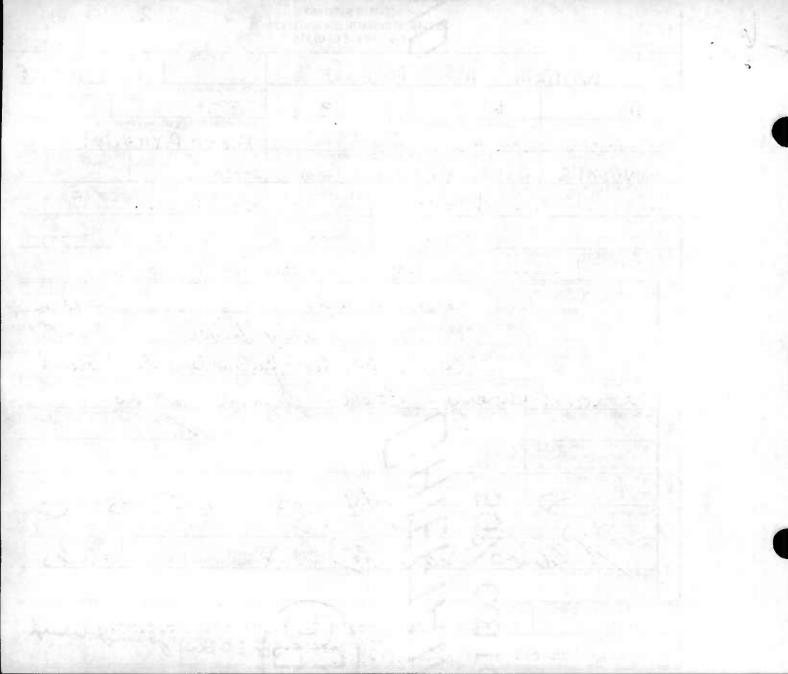
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TO HOSPITAL OR ATTENDING PHYSICIAN. The lo etoined by the hospital or attending physician TO FUNERAL DIRECTOR. After this certificate has been signed by the otherwing physician and completely filled in by the funeral dishould be detached for use as the burial-trainit permit. Then places remove carbonoppins. Pages 1 and 2 should be filled within 72 howelf the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.

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requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

FOR STATE REGISTRAR

ne funeral director, page 3 within 72 haurs after death

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iter death. Page 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Singleton Funeral Home/Glen Burnie MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SICOATURE AND SEP 8 1885

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	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
TYP	Richar Richar	d Alpheus	Bower	Septembe	r 2,	1983	11050
3. SE	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	White	Aug. 2, 1936	47	YRS	MONTHS DATS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	-		L
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_						/ man at	
	18 CAUSE OF DEATH Enter on	ly one cause per line for (a), (b), or				BETWEEN	ONSET AND DEATH
8	PART I. DEATH WAS CAUSE	DBY. Car	rdiac Arrest				
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at remaval.

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	1-	FOR STATE			PEPARTMENT OF	HEALTH			2 2	3 5	8	
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
		EASED NAME OR PRINT)	FIRST				LAST	OF	ESTI-	MONTH DAY		26 HOUR
	2 457		Joseph		alter		dstetter			9/15/83		M M
	3. SEX			5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD	MONT		DER 24 HRS. 2c. DA	JNCED			4:00
	Ma.	THPLACE (STATE OR	hite	Feb. 13,		RS.	TEAR	DE/	MORE CITY OR	9/15/83		I P M
2	FOR	REIGN COUNTRY)			AI COUNTRY?		IED XXNEVER MA	RRIED [_			
	10. CI	irginia	ATH	USA II NAME OF HOSE	PITAL, NURSING HOM	WIDOV			INE Arund	WORK 12b K	IND OF BUS	
1	Ed	dgewater		117 Oakwo	od Rd.			FOR MOST OF W		0	or industr	
-	USUA 13a, S1		I 136 COUN		E RESIDENCE BEFORE ADMISS	ION)	1138. INSIDE CITY LIMITS	13e STREET ADD	RESS	1	100	20
)		ryland		Arundel	Edgewater	r	YES X NO		kwood Ro	1. 01	100	1
0		THER'S NAME FIRST Seph Eric	Brand	MIDDLE stetter	LAST	9-1	15 MOTHER'S MA FIRST Alice	IDEN NAME	MIDDLE	Ga	rrett	
1	16a. W	AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECURIT	TY NO.	17 INFORMANT		ADDRESS			
		ES	WW I		579-10-44:	1.6	Claire B	randstette	er (Wife)) Same	As #	13
	TION	PART I DEATH V Conditions, if gave rise to cause (o) statin lying cause last	ony, which immediate g the under-	CONTRIBUTING TO OPEN IN	for (0), (b), and (c).) Hanging AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ION FOR WHICH OPE	OF MINAL DISEAS		N PART I I a		86	APPROXIMATE TWEEN ONSET	AND DEATH
2	FICA	198. DATE OF OPER	AHOIY	196 CONDII	ION FOR WHICH OPE	KATIOIAA	AS PERFORMED!			20	YES	NO [X
3	MEDICAL CERTIFICATION	21d. INJURY OCCUP WHILE AT WORK AT V	OR CAUSE OF E RRED T WHILE WORK	DEATH 3: 25 PM. The PLACE C STREET, FACTO PES	OF INJURY (AT HOME, ORY, FARM, ETC.) Sidence cribed obave, held an	Autop	Subject huscation street 7 Oakwood Osy	Rd. Edge	water, M	COUNTY In my opinion DATE		STATE
4	1	EXAMINER'S NAME (TYPE OR PRINT)	Denr	nis F. Smy	th, M.D.	<u>VVV</u> A	AD.Assistar ADDRESS11	nt_medicalex 1 Penn St.		SIGNED	21201	6/83_
	23a.Bl	JRIAL, CREMATION,	REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY	OR CREMATORY	23d. LOCATION		COUNTY	51	
	Βυ	rial					1 Cemeter		d Prin	ce Geo	rges	Md.
	24 FU	INERATO RECTOR	DeVo	DDRESS	lome 2222 W Shington D.		oo7 SEP	1 1983	Shu	2. Com	LIURE	

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FOR - STATE REGISTRAR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	DING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4

O HOSPITAL OR ATTEN retained by the haspital

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funishould be detached for use as the burial-transit permit. Then please remove corbonoapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG	
E	LAST	20. DATE OF DEATH	1

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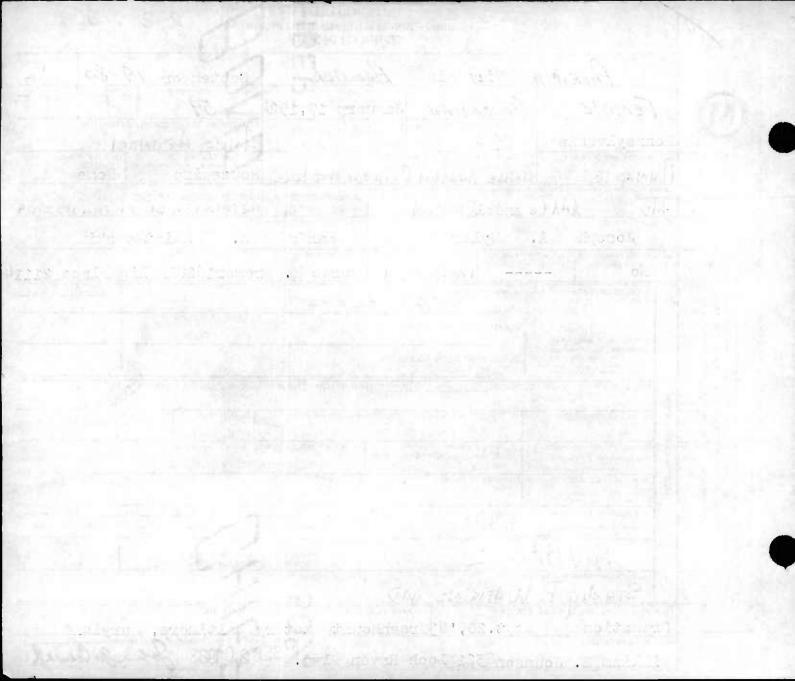
2b. HOUR

REG. NO.

September

MONTH

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3 SE	X	4 RACE		OF BIRTH H DAY YEAR		YEARS LAST BIRTHD		FUNDER TYEAR	HOURS MI	
	-EMALE	CAUCASIAN	Janu	ary 17,192	4	59	YRS.			
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	> 10	D NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH		
Pe	ennsylvania	USA	WIDOW		HNL	JE HR	INU	el		MD.
19hc	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION		OCCUPATION			F BUSINESS	OR
1-11	NNAPOLIS	ANNE ARUNDEL	16	rul Hospital	Hous	ewife		Home)	
	AL RESIDENCE (IF NURSING HOME OR STATE 131 COLIN	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / Z	IP CODE			
1		Arundel CEOPTON		YES NO X		NGLISH	p1 - 0	Crofton	MDZII	19
14. E.	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA		MIDDLE		" "LAS	T	
	Jöseph A	Wyler	-34	Wanda	К.	ADDRESS		owski		
	WAS DECEASED EVER IN U.S. AR (YES, GO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES]		17 INFORMANT						
	NO (IF YES, GIV	170-22-3	934	George H. I	rower	:1628E	ngli			111
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a	nd Ici.I	2000	119	I = ATA		BETWEEN	MATE INTERVAL DISET AND DEAT	TH .
		TE CAUSE (o)	12	BREBST	•					
	1749	DUE TO, OR AS A CONSEQU	JENCE OF							
	Conditions, if any, which	(b)								
	couse (a), stating the									
	underlying couse last.									
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEA	SE OR CONDIT	ION GIVE	EN IN PART 11		
ğ										
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	- OPERATIO	ON WAS PERFORMED	70a AUT			WERE FINDING CAUSES		
E					YES 🗌	NO	YES		NO 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERN	IATURE OF INJURY I	NITEM 18 PA	ART I OR PART 2)		
₹	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19							
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
1	AT WORK NOT WHILE AT WORK					diele				
		ital) attended the deceased from		, 19	, to	9/19/8	>		thot (1) (we) !	
		wew the body ofter death.	. 0	and that in (my) (our) opinion	death occurr	ed on the date	ond hour			
	22b. SIGNATURE	P -		DEGREE ATTENDING	MEDICAL	STAFF		22c. DATE	SIGNED	
	No Ma	un-		PHYSICIAN [DIRECTOR	R PHYSICIA	N			
	77d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		27e ADDRESS						
	STANLY P.	WATKINS, I	W)							
	BURIAL, CREMATION, RIMOVAL			CEMETERY OR CREMATORY		Y OR TOWN		COUNTY	STATE	117
_	remation	\$ept.20, 83G:	reenM					laryla		20
24 F	UNERAL DIRECTOR	ADDRESS.		0.0		REGISTRAR 25	GIST	RAR'S SIGNAT	URF	- "
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executed within 24 hours after death. Page 4

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WALTER BROOKS BRADLEY INC. BALTTMORE MD

CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	WIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR	211:15A
TAME	FLORA	ELLIS	BROV	WIN	SEPTEMBER 1,	1983	\$0¢\$5€ M
3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE	WHITE	MONTH 8		90	RS.	NOURS ARIN.
To: BI	RTTONESBORO OREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
	TENNESSE	U.S.A.	WIDOWE		ANNE ARUNDEL	COUNTY	MD.
7	EN BURNIE	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, GIVE 247 WOOD H	E STREET ADDRESS)		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK HOP		OF BUSINESS OR
USU.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	LIA. STREET ADDRESS	T. L. Linner	
		A. CO. GLEN	BURNIE	YES NO X	247 WOOD HIL	L DRIVE	21061
14. F	ATHER'S NAME	MIDDLE LA	AST	15. MOTHER'S MAIDEN NA	WE	14	67
	JOHN		NCHELOE	Dicie	Anne	Hunt	-
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS		
(NO IF TES, G	215.0	7.9015D	LINDA LEE BRO	OWN (GRANDDAUG	HTER) (SA	ME AS 13e
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN 19b, CONDITION FOR 21b, TIME OF INJURY HOUR A.M. MONT P.M. 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY,	SEQUENCE OF TERLO IS TO DEATH BUT WHICH OPERATIO IH DAY YEAR 19 OFFICE, FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET	INAL DISEASE OR CONDITION	L. 3 L VASCULATION GIVEN PART 1 IF YES, WERE FIND I ERTIFYING CAUSE: YES (COUNTY)	STATE
	22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	gh N	22e ADDRESS	MEDICAL STAFF X DIRECTOR PHYSICIAN	9/1	-/1983
	HARJIT SINGH	M.D.		#8 16th AV		MD. 212	.25
	BURIAL, CREMATION, REMOVA REMATION	23b. DATE 9/2/1983		EMETERY OR CREMATORY OUNT CREMATOR	Y BALTIMORE	COUNTY	ARYLAND
24 6	LINISPAL DIRECTOR			25a DAT	E PECID BY PEGISTRAPING P	EGISTRAP'S SIGNIA	TUPE

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1983

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DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

etained by the hospital or attending physicion.

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IMPORTANT: If them 21 is marked or them 18 shows any injury, as other traumatic event, the medical

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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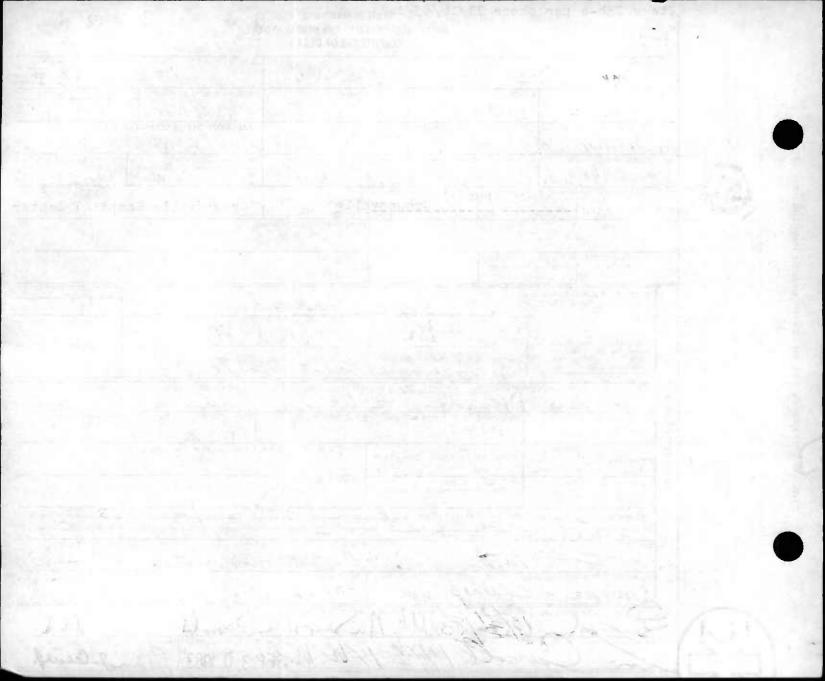
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 50M 4/B2 (VRA 15, 4)

THE STREET IS NOT THE OWNER OF

I. DECEASED NAME [TYPE OR PRINT] A RACE S. DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF DEATH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. AGE (IN YEARS LAST BIRTHDAY) P. UNDER YEAR B. AGE (IN YEARS LAST BIRTHDAY) P. UNDER YEAR B. AGE (IN YEARS LAST BIRTHDAY) P. UNDER YEAR B. AGE (IN YEARS LAST BIRTHDAY) P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR B. HOUR P. WAS DATE OF BIRTH P. UNDER YEAR P. WA
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(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b) OTHER DATE OF CONSEQUENCE OF
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b) Conditions of the country of the co
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underlying couse lost. Congestive that failure
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0
2 1 (1) Seizure Disarden (2) Organic Brain Syndrome, brikes
19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 2 210. ACCIDENT WAS UNDERLYING 211b. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
YES NO THE OF INJURY NOUTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN JIEM 18 PART 1 OR PART 2)
TO A DESCRIPTION OF CAUSE OF PRINT 1 HOUR A.M. MONTH DAT TEAK
₹ 6 21d. INJURY OCCURRED 210. PLACE OF INJURY 21f LOCATION
WHILE NOT WHILE OF AT WORK OF THE PROPOSED FORM STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 270 B cartifus that (1) Whis has not all other deed the electroned from 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
270.1 certify that (I) of this haspital) attended the deceased from 8/26, 1975, to 9/28, 1983, that (I) (we) lost
sow the deceased glive an 9/28/ 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DEGREE 226. DATE SIGNATURE
ATTENDING MEDICAL STAFF
274 PHYSICIAN'S NAME (TYPE OF PRINT)
272 PHYSICIAN'S NAME (TYPE OF PRINT) Eagene - CRump, mp, Crowns Ville bossible cole, med.
23 RUPIAL CREMATION, REMOVAL 1316, DAYE 83 MA. Au our of Califor Topics County Whate
16 SOM 4/82 24 FUNEBAL DIRECTOR 25 REGISTRAR'S SIGNATURE

Items 13b-e per phone 11/18/83 dafate of MARYLAND



attending physician

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDRENE

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0	1 -	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYÓ FICATE OF DEATH	REG. 1	10.		-(
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	{TYPE	OR PRINT) Milda	ed.		Buckmasten	Septembe	n 14.19	83	
	3 SE)		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 2
	_	Female	White	Apr	il 27,1917	72	YRS.	NINS DATS	HOURS
84	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY		FDEATH	16.715
		ryland	U.S.A.	WIDOW		Anne An	undel		
V	CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, 1		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OI	F BUSINES
10/4	9	Len Burnie	7960 Pipers			Housevil		Domes	tic
22	USUA 13a S	AL RESIDENCE (IF NURSING HOME TATE 186 CO)	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13. STREET ADDRESS		2	123
PO	lan	yland 136 Ci	ty Balt	inore	YES NO	1010 W (n	oss Stri	eet	00
200		THER'S NAME	MIDDLE LA	AST	15. MOTHER'S MAIDEN NA	ME		LAST	
3//		Albert		Hahn	Florence			Mc	Gee
Sico		VAS DECEASED EVER IN U.S. A	authorize on no section	L SECURITY NO.	17 INFORMANT	ADDF	7.960	Pipen	s. Par
	,,,	ES NO OR UNKNOWN) (IF YES	/A 214-	01-5600	Gail Gallion	(Daughter)	Ylen I	whie	,//d.
å.		18. CAUSE OF DEATH (Enter (only one couse per line for (o),	(b), and (c).)				APPROXIA BETWEEN O	MATE INTERV
e e		PART I. DEATH WAS CAUS	ATE CAUSE (D) COLOY		, with del	spread	state	U	ns.
e u		1537 IMMEDI	ALL CHOSE (O)			0			9
mat			DUE TO, OR AS A CON	ISEQUENCE OF		splead			
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÷		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISECUENCE OF					
to to		underlying couse lost.	(2)	.02.402.102.01				10.00	
, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVEN	IN PART 110	
C o l	NO			-					
à	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS USED
1	IIFK	1980	coto	n C4		YES TI NOT	YES I	NG CAUSES	OF DEATH
88	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR			1 OR PART 2)	
E 4		OR CONTRIBUTING CAUSE OF D	Control of the contro	H DAY YEAR					
£ /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M. 210. PLACE OF INJURY	19	211. LOCATION				
p v	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	STREET	CHTY OR T	OWN	COUNTY	STA
nark		AT WORK		. 8	17 10 32	- in order	410 1		
5.		220.1 certify that (I) this has		00	and that in (my) (our) opinion	, 10	17		hot (I) (w
n 21		obove, (I) (we) (did) (did)	not) yew the body after death.			death occurred on the c	Jore and hour a		
a Pe		THE SIGNATURE	, TT 0		DEGREE	1150000 AT		22c. DATE S	SIGNED
E		5ma F	My w	17	ATTENDING PHYSICIAN	DIRECTOR PHYS		19/15	183
IMPORTANT		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		. 0		
ŏ /		5 Bullion	Mitz mil)		1 700 Wash	ington 1	stud	DA	200
<u> </u>	23a B	URIAL, CREMATION, REMOVA	L 23b. DATE	123c NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
	(Burial	9-16-83	,	n Pank	B CHTY OR TOWN	0:1	LAMINO	STA
-	_	JNERAL DIRECTOR	19-10-03	Loudo		TE REC'D. BY REGISTRA	RE CLTI	R'S SIGNATI	IDE .
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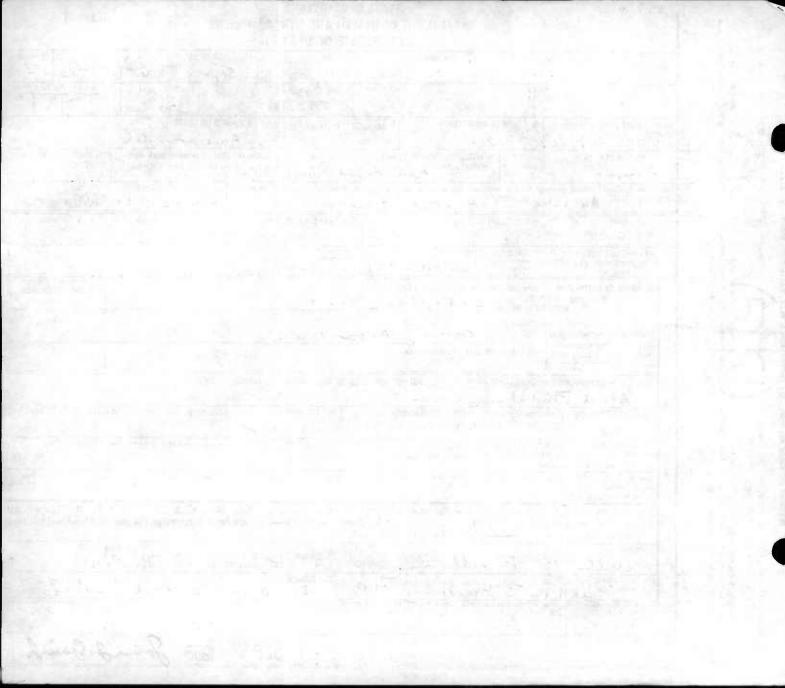
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phraician and completely tilled in value triveral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Page 1 and 2 should be 1 and 2 should be detached for use as the burial, agenction, or removal, and in any event within 2 should be approximately the prior to burial, agenction, or removal, and in any event within 2 should be approximately and in any event.
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(267-1237) STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBENE

0 0 - /				CERTIFICA	ALE OF DEATH				
A 4.4		ECEASED-NAME First	Middle		Last	2a. DATE OF			2b. HOUR
4 ma	(1	(ype or print) Lev	vis , Ham	ilton	Burton	Sept	Manth G Day	Year 83	202 PM
ge 4 ector,	3. SE	X.	4. RACE		5. DATE OF BIRTH		6. AGE (In years		F UNDER 24 HRS.
h. Pa		M	While		5/15/1913		lost birthday) つの YRS.	MONTHS DAYS	HOURS MIN.
dent	70.		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MAKKIEU	9. COUNTY OF			Frank
Marie		ange Co., Va.		WIDOWED	70.7		Andel		Md.
ALL STATES	65.	A mapolia	11. NAME OF HOSPITA give street address)	LORINSTITUTION (IF)	during mo		Kind of wark done ife, even if retired.)	12b. KIND OF BI	
2 200	13a.	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence	before 13c. CITY OF	1 11 00 -	AITS? 13e. STR	EET AND NUMBER	2/2	60.
1 1255	adm	ssion) STATE MARYLAN	ud 136. COUNTY Anna A	nd ANN	ANGCES YES NO		ilme Block +	RIVA	na.
1 Jone 1	14. 1	FATHER'S NAME First	Middle	Last 1	S. MOTHER'S MAIDEN NAME FI	rst	Middle		Lost
P GEF		Matthew	f.	Burton	Flore	nce	Emily	Drumh	eller
The Second	16a.	(es, na, ar unknown) (If yes give w			INFORMANT	- 1000	Address		
0 0 11 1	-(1	an Chorne	no 227-1	4-3200	Carole Turn	er	Lothian,	Md.	
cion pay		18. CAUSE OF DEATH (Enter and	ly ane cause per line for (a), (b),	and (c).)				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
those of the		PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (0) _ Cardio P	relicones 1	Armst				
£ 20 0		4149	DUE TO, OR AS A CONSEQUE						
tendi emov and	10	Conditions, if any, which gave	(Corona		Disene				
0 0		rise to immediate cause (a),(stoting the underlying cause	DUE TO, OR AS A CONSEQUE	-					
y the please	- 1	lost.	(c)		ALLES AND SALE				
5 5 -		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISEASE OR CO	ONDITION GIVEN	IN PART 1(a)		MESE
0 =	-	Atrial File	ellation, Chim	ume e					
en sign ermit.	ATIO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?		YES, WERE FINDINGS CO	INSIDERED IN CER	TIFYING
0 0 0	CERTIFICATION	No	40		YES NO I	CAUSES	OF DEATH?		
ician.		21a. ACCIDENT WAS UNDERLYING			OW INJURY OCCURRED (Enter	nature of injury	in Part 1 or Part 2, 1	tem 18.)	
The other share burn burn burn	MEDICAL	OR CONTRIBUTING (AUSE OF DE) (If either, natily medical examin		19					TO STORY
SICIAN: ending s certific he burie priar ta	ME	21d. INJURY OCCURRED 21e. While Not while at wark at wark	PLACE OF INJURY (AT HOME, FARM, S OFFICE BUILDING,	TREET, FACTORY.) 21f. L	OCATION Street or R.F.D. No.	City	or Town	County	State
PHY office offic		22g certify that (1) (thi	is haspital) attended the d	eceased fram_	7-18 , 19 5	₽1 , ta	8.9 , 19	83, that4	1) (we) last
DING tol or After r use Hygiel		saw the deceased a	live an 8/9	19 43, an	d that in (my) (our) apir	nian death a	ccurred an the dat	te and haur a	nd fram the
Z =		22b. SIGNATURE	e, (I) (we) (did) (did not) vie	w the bady atter	death.		1 22- F	PATE SIGNED	
L OR ATTI	15	Wall B	. Treedle	DEG DEG	ATTENDING M	ED.		9/7/83	
the the the		22d. PHYSICIAN'S		· Otto	REE PHYS. DI	RECTOR \square		oest Rive	
A 0 - 0 -			in B. Freedber	3 M.O		ensuille	. Nord	2077	
HOSPIT retained FUNERA shauld b	23a.	BURIAL, CREMATION, 23b. I	DATE 23c. NA	AME OF CEMETERY OF	CREMATORY		N (City or Town)	(County)	(State)
of Sh Sh		Cremation 9	/7/83 We	stview (Crematory		timore, M		
DHMH - 16 3/72 25M		FUNERAL DIRECTOR	A	DDRESS	M d 250 25CD 89	REGISTRAR	25b. PESTRAR'S	SIGNATURE	:11:
(VR A15 (4))	Н	ardesty Fune	ral Home 12	Ridgely	Ave. APATRET	1 130	9 Jours	- Charles	1



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G#	FOR STATE		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		9 6 5
		da MAY	BUSSEY	Sept. 11,	1983 19
		white	July 15, 1917	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) YRS	F UNDER TYEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT AA CO.	MD.
S	everna Park	meridian nu	rsing Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING F TELEPHONE OP.	
13e S	MD. 13b. COU	NTY 13c. CITY OR TOW	IRNIE YES NO X	13e STREET ADDRESS / ZIP COD 400 JOYCE D	
1	MAX		FIRST	LDA MIDDLE Neuge	NUGEBAUER
		VE WAR OR DATEST			nd) Same As 1
NO	PART I. DEATH WAS CAUSI MMEDIA Ganditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) (d) (c)	ENCE OF PORCE OF	CAROURC y Drs eau minal disease or condition Gr	
TIFICATI	190. DATE OF OPERATION			YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{NO} \(\text{D} \)
MEDICAL CE	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK	ATH HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCATION STREET	RRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN	COUNTY STATE
	saw the decrosed alive are above. (Ir (ye) (did) (did no 27b. SIGN (URE	at) view the body after death.	DEGREE ATTENDING PHYSICIAN 122¢ ADDRESS ROL	MEDICAL STAFF DIRECTOR PHYSICIAN D	224 DATE SIGNED 9-12-8-3
23a (BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial	Long /		23d LOCATION CITY OR TOWN Brooklyn.	RFD. Md.
24. F	UNERAL DIRECTOR	I motelower	. I SE		
	3. SE 7a. B 10 C S 13a 1 14 F/	1. DECEASED NAME (TYPE OF PRINT) 3. SEX	TO STATE REGISTRAR 1. DÉCEASED NAME (TYPE OR PRINT) MATURE 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MATYLAND 10. CITY OR TOWN OF DEATH SEVERNA 11. NAME OF HOSPITAL, NURSING SEVERNA 12. CITY OR TOWN OF DEATH SEVERNA 138. STATE MAX U.S.A. 109. CITIZEN OF WHAT COUNTRY? MET TO TOWN OF DEATH SEVERNA 139. STATE MAX GARRETT 130. COUNTY MD. A.A. GARRETT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOCH UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line (angl.), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUIL Conditions, if only, which gave rise to immediate cause lai, stating the underlying cause last. CONDITION FOR WHICH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTION T	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR 1. DECEASED NAME PART PART PART PART PART	DEPARTMENT OF HEALTH AND MENTAL HYGINE STATE SECISTRAR THE CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (PRECISTRAR THE CONTROLL OF THE CERTIFICATE OF DEATH MAY BUSSEY 1. DATE OF DEATH REG. NO. 1. DECEASED NAME (PRECISTRAR THE CERTIFICATE OF DEATH MAY BUSSEY 1. DATE OF DEATH SECISTRAR THE CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (PRECISTRAR THE CONTROLL OF THE CERTIFICATE OF DEATH MAY BUSSEY 1. DATE OF DEATH SECISTRAR THE CONTROLL OF THE CERTIFICATE OF DEATH THE CONTROLL OF THE CERTIFICATE OF THE CERTIFIC

G#583 9/20/83 mtb Item#15

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anding physician and completely filled in by the carbanpapers. Pages 1 and 2 should be filed v

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

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IMPORTANT

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

Howard
BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REGIST	RAR			CERTIFIC	ATE OF DEATH		REG. NO.		
I. DECEASED I	NAME FIRST	MIE	DDLE	LAST		20 DATE C		TH, DAY 3 YEAR	26 HOUR
(TYPE OR PRINT)	FREDER	ICK I	ESTER	CAVEY	JR.		91	28/1983	50
3. SEX	,	4. RACE		5. DATE OF			YEARS LAST BIRTHDAY		
1	TAle	Cano	ACIAN	MONTH	31 /9/		66	YRS DAY	S MOURS MIN
70 BIRTHPLAC	E (STATE OR FOREIGN	Th CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIM	ORE CITY OR CO	DUNTY OF DEATH	
Maryl	and	U.S.A		WIDOWED [_ ^	Je AK	undel	N
10 CITY OR TO	OWN OF DEATH				OTHER INSTITUTION		OCCUPATION		OF BUSINESS O
Miller	suille	KNOllwo	ON MA	NOC		E/ce	trician		tracting
USUAL RESIDE	NCE (IF NURSING HOME OR		VE RESIDENCE BEFORE		I INICIDE CITY HILLI	co la cross	ADDRESS		(21061)
MARYLA	rad Anso	Acurlel	Glen B.		INSIDE CITY LIMIT	13e. STREET	77 PA	rul Pr	ile
14. FATHÉR'S N		MIDDLE	LAST	15	MOTHER'S MAIDEN	NAME	WIGGLE		AST
	erick	L.	Cavey		Virgie			Mo	Lesworth
16a. WAS DECI	EASED EVER IN U.S. AR	MED FORCES? 1	66 SOCIAL SECU	RITY NO. 17	NFORMANT		ADDRESS		
Yes	WWIJ		217-05	-2465	Margaret	Cavev (s	ame as 1	3e)	
18 CAU	SE OF DEATH (Enter on	ly ane cause per li	ne far (o), (b), and	(cu)				APPRC BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
PART	I. DEATH WAS CAUSE		(0	rdia	Arres	1			
3	3.52 IMMEDIA	E CAUSE (a)						9	
		DUE TO, OR	AS A CONSEQUE	NCE OF	cphic	1.10.0	(S1/P/1	Dur-	
	ans, if any, which	(b)	An	~Y011	mhic	rurum	0 000.0		
cause	lat, stating the	DUE TO, OR	AS A CONSEQUE	NCE OF				7.50	
underly	ing cause last.	((c)	1000						
PART 2.	OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT NO	T RELATED TO THE	TERMINAL DISEA	SE OR CONDITIC	ON GIVEN IN PART	l (a
		,							
Z1a. ACC	OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION V	VAS PERFORMED	20a AUT	OPSY? 206	IF YES, WERE FIND	INGS USED
F							IN.	CERTIFYING CAUSE	ES OF DEATH?
THE STATE OF THE S	DENT WILL IN DERIVATE F	7 1911 7145 05	6 1 4 1 D V	I a	1 11011/15/11/101	YES	ио 🗌	YES [№ □
00.00.11	RIBUTING CAUSE OF DEA	21b. TIME OF HOUR A.M.	MONTH DA	Y YEAR	IC HOW INJURY OC	LCURRED (ENTERN	ATURE OF INJURY IN I	TEM 18 PART : OR PART ?)	
(IF EITHE	R NOTIFY MEDICAL EXAMINER			19					
WEDICAL STATE	JRY OCCURRED	21e PLACE OF			If. LOCATION		CITY OR TOWN	COUNTY	STATE
WHILE AT WORK	NOT WHILE AT WORK	(AT HOME STREE	T, FACTORY, OFFICE, FA	ARM ETC)	SIRREI		CITYORTOWN	COONIT	STATE
220.1 cer	rtify that (I) (this haspi	tal) attended the	deceased from	9 - 1	19	, to	9-20	19 17	that (I) (we) la
saw	the deceased alive on ve, (I) (ve) (did) (did so	t) view the hady at	NO 19_	, and t	hat in (my) (aur) api	inion death accurr	ed on the date o	nd hour and from th	ie causes stated
226 SIG		2	1	DEC	GREE	-	1	22c. DA1	E SIGNED
	(Tan	ns U	Low	L M	7 ATTENDIN		STAFF		
22d. P.H.Y	SICIAN'S NAME LTYPE O	R PRINT)	1 4	2	e ADDRESS	4		-	
1	211	Pha	105 1	70	166	1 (ast	tro 10	14-11	11
22- 0112141 -	CV C	2110	Tai		100/	0 401	1011 C	01000	12
(SPECIFY)	REMATION, REMOVAL	23b. DATE		IAME OF CEM	ETERY OR CREMATO	ORY 23d. LOC	YORTOWN	COUNTY	STATE
Buria	al	10/3/8	3 Me	adowri	dge Mem.			Howard	Md.

10/3/83 Balto., Md.

Burial 10/3/83 Meadowridge Mem
4 FUNERAL DIRECTOR Balto., Md. 21225
George J. Gonce F.H. 4001 Ritchie Hwy.

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE LIYPE OR PRINTS ARTHUR HENRI CHABOT SEPTEMBER 6, 1983 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH White Male 1895 87 Sept. 27, 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Canada U.S.A. ANNE ARUNDEL COUNTY WIDOWEDIX DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? A.A. Glen Burnie YES T Maryland Co. NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME D. Celestine Chabot Rose ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT NIECE Mrs. Jeanette C. Kirby 237.03.5306 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 0 Then to bu CERTIFICATION

10'Sept.83

Singleton Funeral Home/Glen Burnie MD

126 KIND OF BUSINESS OR Hair Dresser Salon Salon 903 Shamrock Ct. 21061 Paradise same as # 13 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from. 2 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the decemed olive on_ obown (1) (ye) (did) (did nat) view the body after death. 22b. SIGNATIVE DEGREE THE DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 325 HOSPITAL DRIVE BENJAMIN A. deGUZMAN, M.D. GLEN BURNIE, MARYLAND 21061 23d LOCATION St. Mary's Cath. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Cemetery

CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN

Wash.

COUNTY

26 HOUR

IF UNDER I YEAR

1:25Pm

DHMH - 16 50M 4/82 (VRA 15, 4)

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Burial

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BURNIE, MARYLAND 21061			· · · lai
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STATE OF MARYLAND

9-12-83 Woodlawn Cemetery Baltimore, BaltimoreCo,

West Street Annapolis, Modate REC'D. BY REGISTRAR 1216 REGISTRAR & ICHARLES

FOR DEPARTMENT OF HEALTH AND MENTAL HYGYENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 24 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) aThice avaNNES 3. SEX 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAY MONTHS DAYS Caucasian 883 emale 10 TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Anne Arundel county WIDOWED X DIVORCED CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY urse USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTRUCTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Annapolis NO [670 Americana Drive 21403 Maryland nne 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Milburn Carrie Burgess Willard 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Nancy H. Milburn 40 Holiday Ct. No River 18 CAUSE OF DEATH (Enter only one couse Aer PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED AUTORS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO I 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this beautiful attended the deceased from sow the deceased alive on and that in (my formion death occurred on the date and hour and from the causes stated above the (we) (did) (did not) view the body offer death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ETYPE OR PRINT 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

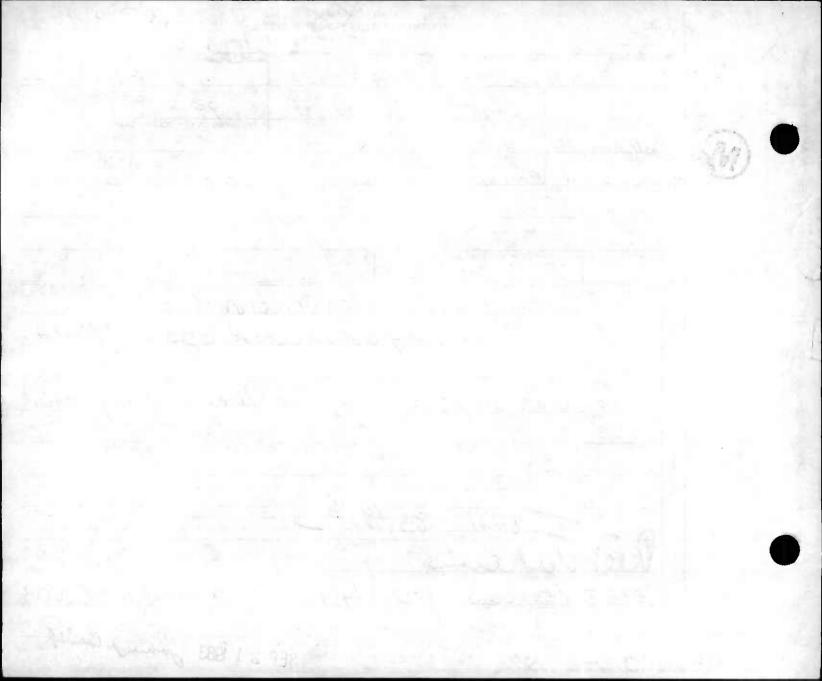
DHMH-16 25M (VRA 15, 4) 1/79 Burial

E. Evans Funeral Director

State C MPORTANT

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1-	#3,13e,FilmS FOR STATE REGISTRAR	DEPARTMENT	OF HEALTH AND MENTAL H		169
	CEASED NAME FIRST	RRY S.	CLUBB	REO. INC.	ONTH DAY YEAR
1	MI W	S DATE OF BIRTH MONTH DAY VEAR LAST LAST 4 4	(IN YEARS IF UNDER 1 YR. IF UNDER INTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD 9 - 4	H - Y319
F	IRTHPLACE ISTATE OR REIGN COUNTRY) ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? US 11. NAME OF HOSPITAL, NURSING H	MARRIED THEYER MARRIED DIVORCE		ndel
050	Innapolis	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	MISSION)	FOR MOST OF WORKING LIFE) PAINTER	OR INDUSTR AUTOMO
13a.3			YES Y NO 15. MOTHER'S MAIDE	1 / 6 y 5 team	Lost Rd
160	HARRY EDWARD WAS DECEASED EVER IN U.S. AR	CLUBB SR. RMED FORCES? 16b. SOCIAL SEC	CATHERI	MIDDLE	BILD
	NO	577-34 nly one cause per line for (o), (b), and (c		E FORD SHADY	SIDE, MD
7	Canditians, il any, which gave rise to immediate cause (a) stating the <u>under</u> lying couse last:	e / (b)	Intoxicated		
NOU		CONTRIBUTING TO CEATH BUT NOT RELATED TO TH	Commence of the Commence of th	RT 1 (e).	
CERTIFICATION	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF ZIEL INJURY OCCURRED WHILE AT WORK AT WORK	DEATH POUR A.M. MONTH DAY P.M. 9 1 21e PLACE OF INJURY (ATHO STREET, FACTORY, FARM, ETC.)	YEAR 7-11 Pros	D CENTER NATURE OF INJURY IN ITEM 18 PART I	COUNTY
9	220. I certify that I took char	ge of the remains described above, held	on Autopsy , Inspection Suicide , Homicide	Undetermined monner .	ny apinian
	ACTUAL SIGNATURE	5 Nhah	M.D. M.D.		ATE 9-4-
230.8	EXAMINER'S NAME TYPE OR PRINT) URIAL, CREMATION, REMOVAL	AMES E WHEE 236. DATE 236. NAME O	LER ADDRESS GID	Primion Rd -	- Ann - pu
	BURIAL UNERAL DIRECTOR	9/7/83 WOODE	250. DATE F	GALESVILLE A. REC'D. BY REGISTRAR 256 REGISTRA	A. MD
H	ARDESTY FUNER		LIS, MD SEF	7 1983 Joan	I Course

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medical examiner

morked or them 18 shows any injury, or other troumatic event, the

IMPORTANT: If Hem 21 is

24. FUNERAL DIRECTOR

should be detached for use os the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

FOR - STATE

REGISTRAR

STATE OF MARYLAN DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DEATH

D	8 3	
NTAL	HYGIENE	
ATEL		

E.D.T.

		KEOISTRAK							REG. NO.			
		CEASED NAME	FIRST	M	IDDLE	L	AST	2	DATE OF DEATH MONTH	DAY	YEAR	2b. HOUR
	,,,,,		MERTON		LYLE		COBURN		SEPTEMBER	19.	1983	1:14PM
	3. SE>	* * A ~ A		4. RACE	. 10	5. DATE C		YEAR	AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Ma	入	we	uc	12	2-6-1907	, ,	75 _Y	RS.		
1		RTHPLACE (STATE (OR FOREIGN	76. CITIZEN OF V	VHAT COUNTR	RY? 8	NEVER MARK	RIED 9	BALTIMORE CITY OR COL	INTY OF	HTASC	The last of
9		Maryland	1	U.S.	Α.	WIDOWE			ANNE ARUND	EL CO	UNTY	MD.
1	10. CI	TY OR TOWN OF D	EATH		OSPITAL, NUR		R OTHER INSTITUT		20 USUAL OCCUPATION		B. KIND OF	F BUSINESS OR
H		GLEN BUR	NIE	NORT	H ARUNI	DEL HOS	PITAL		Chiropracte			Medical
)	13n S	TATE TYLAND	136 COUN				138. INSIDECITY L	IMITS?	726 E. Mapl	e Ro	1.2	1061
	14. FA	THER'S NAME					15. MOTHER'S MA					
Ü		David		E.	Cobur	m	Mary	7	C.	W	neele	r
		VAS DECEASED EV	ER IN U.S. ARA	MED FORCES?	166. SOCIAL SE		17. INFORMANT		ADDRESS			
	(4	Yes, no or unknown)	(IF YES, GIVE	WAR OR DATES)	214-1	L6-376	B Mary	7 C	Coburn 726	E N	/anle	5g e
N.		18 CAUSE OF DE					Har	A	CODULII 720	1		MATE INTERVAL DINSET AND DEATH
		PART I. DEATH	WAS CAUSE	BY:	. 7 0	naer 1	e an	tic	anelings	w	20,370,013.0	100,100,000
		4415	IMMEDIAL	E CAUSE (a)					1			
	- 3	Conditions, if o		DUE TO, OR	AS A CONSE	OUENGE OF	in clu	m.		27		
		gove rise to i	mmediate) (6)—								
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	19	PART 2 OTHER SI	GNIFICANTO	ONDITIONS CO	NTRIBUTING 1	TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CONDITION	GIVEN	PART 110	,
	O		13	Stato.	- 0	ed C	UN					
A.	CERTIFICATION	19a DATE OF OPE	RATION	196 CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFORME	D			RE FINDIN	GS USED OF DEATH?
1	Ē								YES NO	YES [NO [
7	E I	21a. ACCIDENT WAS	-	216. TIME OF		DAW WEAR	21c. HOW INJURY	OCCURRED	O (ENTER NATURE OF INJURY IN ITE	W 18 PART I	OR PART 2)	
7		OR CONTRIBUTING		H	A. MONTH	DAY TEAK						
	MEDICAL	21d. INJURY OCCU		21e. PLACE C	OF INJURY		21f. LOCATION		CITY OR TOWN		COUNTY	STATE
	¥	WHAT D	D HOS	(AT HOME STRE	ET, FACTORY, OFFI	CE, FARM, ETC.)	STREET		01.0/	01	LOONT	STATE
				al) extended the	ecased fro	m	1 3	9	to 4 1 4/	19_		that (I) (we) last
		19 ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated										
	100	17 SIGNATURE		view the bady o	A Contract of the contract of		DEGREE				22c DATE S	GNED
	- 1	LOIN	14	me 1	5 6	any	MUN ATTEN	NDING PI	MEDICAL STAFF DIRECTOR PHYSICIAN	1	91	20/83
_		22d LANCIANTS	NAME TY E OF	PR (1)	0 1 9		22e. ADDRESS		OAKWOOD ROAD	. #20)5	1//
		ORGE	B. RAI	MIREZ. M	D.	7		GLEN	BURNIE, MARY			
	23a. B	BURIAL, CREMATIO		23b. DATE		3c. NAME OF C	EMETERY OR CREM		23d LOCATION			
	(Burial		9-22	-83	Chest	erfield		Centervil	le,	Mary	rland

DHMH - 16 50M 4/82

(VRA 15, 4)

BP

TO MOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or TO FUNERAL DIRECTOR:

> Raymond C. Fink 426 Crain Hwy. S.W.

25a. DATE REC'D. BY REGISTRAR 25h

. 4.3.U Decky Inc. Sett - Inc. India mortes Cities de la comp de la comp THE PERSON DESCRIPTION OF THE PROPERTY OF THE

A.M. A.L. Chief C. Stary C. Copyet Tit. . Papie St. . reported the control of the control of

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TO FUNERAL DIRECTOR-hould be detached for use a with the State Dept. of Heal

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

FOR STATE REGISTRAR			HEALTH AND MENTAL H FICATE OF DEATH	YGIENE REG. N	Company of the compan		
1. DECEASED NAME FIR	ST MK	DOLE	LAST		MONTH	DAY YEAR	2b. HOUR
194PE OR PRINT) Walt	er S. Le Co	mpte, Jr.		Septe	ember	11,1983	4.50P N
1 SEX	4 RACE	S. DATE	OF BIRTH	& AGE (IN YEARS LAST BIRT	THDAY)	W UNDER I YEAR	# UNDER 24 HRS HOURS MIN
male	white	O _C		55	YRS.	MONTHS DATS	HOURS MIN
BIRTHPLACE (STATE OR FOREIG	N 75 CITIZEN OF W	HAT COUNTRY?	ED NEVER MARRIED	1 BALTIMORE CITY O	_	Y OF DEATH	
Maruland	1 USA	WIDOW		Anne Arw	ndel		MD
CITY OF TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
Glen Burnie	Nort	A Hrundel Ho	spital	Automobi	10		ales
USUAL RESIDENCE (IF NURSING)		IVE RESIDENCE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?				
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Baltimore	Relau	YES NO D	1549 5	2011:	no Road	21227
IN FATHER'S NAME			15. MOTHER'S MAIDEN	NAME	******	ig noun	51661
Walten S. 1	e Compte. Si	LAST	Delilah	MIDDLE King		LAS	ST .
160 WAS DECEASED EVER IN U	I.S. ARMED FORCES?	66 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS		
(YES, NO OR UNKNOWN)	res, Give WAR OR DATES)	220-1/1-2/192	Mrs. Barb	ana W 10 C		1-10 S	D 11.
18 CAUSE OF DEATH (E	nter poly one source per l	ne for (a) the and (c)	TOOL DUTO	and W. Te Lon	upte_	APPROX	MATE INTERVAL ONSET AND DEATH
PART I DEATH WAS	CAUSED BY.	1	nces			11/0	(1)
11 50 1	MEDIATE CAUSE (a)		.,(0)			1	
Conditions it assets		AS A CONSEQUENCE OF					
Canditions, if any, wh gave rise to immedia	ate					_	
cause (a), stating underlying cause lo	DUE TO, OR	AS A CONSEQUENCE OF					
DART 2 OTHER SIGNIER	(c)	NTRIBUTING TO DEATH BU	T NOT BELATED TO THE TE	DANINI AL DISEASE OR CON	DITION C	VENUENDA DT 1/	-1
-	ANT CONDITIONS CON	TRIBUTINO TO DEATH BO	I NOT KECATED TO THE TE	KMINAL DISEASE OR COIN	DITION	AEIA NALAKI III	0.
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196 CONDIT	ON FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
#	E 30 T			YES NOT		IFYING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLY	ING 21b. TIME OF	INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU			
OR CONTRACTOR CAUSE	OF DEATH HOUR A.M	MONTH DAY YEAR					
IN EITHER, NOTHY MEDICALEX.	21e PLACE OF		21f LOCATION				
MOI WHILE		T, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK		Tai	mhany 19.82	South		83	
22a I certify that (I) (this saw the deceased of	haspital) extended the	deceased from	D .	an death occurred an the d	ate and ha		that (I) (we) last
abave, (1) (we) (did) (did nat) view the bady at	ter death.		on deam occurred an me o	ore one no		
221 SIGNATURE			DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED
1. 10n			PHYSICIAN	DIRECTOR PHYSIC	CIAN	9/	[2/8]
224 PHYSICIAN'S NAME	TYPE OR PRINT)		22e ADDRESS	, ,			
Thill P	Nonits			monds Lane			
230. BURIAL, CREMATION, REM			CEMETERY OR CREMATOR	Y 236 LOCATION CITY OR TOWN		COUNTY	STATE
burial	9/15/8	3. Mead	owridge (eme			ward a Me	physical and
24 FUNERAL DIRECTOR		ADDRESS	25a. D	AFFF 7 3 9834	256 99319	HIARES IGNAT	URE
Ambrose June	ial Home 1:	328 Sulphur S	pring Rd.	OFI - CHE			

Anag a

eral director, pa

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL I	HYGIENE	REG. NO				EDT
I. DECEASED NAME	FIRST		AIDDLE	LA	AST	2a. DATE			DAY	YEAR	26 HOUR
(TYPE OR PRINT)	EMORY	L	uther	CRON	MWELL	SE	PTEMBE	R 6.	19	83	12:50
3. SEX	4.	RACE		S. DATE O		6. AGE	(IN YEARS LAST BIRTH		IF UNDER		IF UNDER 24 HRS
Male		Whit	e	June	3,°1896		87	YRS	MONTHS	DAYS	HOURS MIN.
Ta. BIRTHPLACE (STATE	OR FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTI	MORE CITY OR	COUNTY	OF DE	ATH	
Marvland		U.5	5.A.	WIDOWE			E ARUN	DEL	COL	JNT	K MD
IO CITY OR TOWN OF	DEATH 11	NAME OF	HOSPITAL, NURSI	NG HOME O	ROTHER INSTITUTION		AL OCCUPATIO				F BUSINESS OR
GLEN BU	RNIE		TH ARUN		HOSPITAL	Se1:	WORK FOR MOST OF E-Emplo	oyed	F	arm	er
USUAL RESIDENCE (IF) 136. STATE Maryland	136. COUNTY A • A	_	GIVE RESIDENCE BEFOR	VN .	13d. INSIDE CITY LIMITS YES NO X		HOlli	210 ns F		уR	d.
14. FATHER'S NAME	MID	DIE	LAST	1	15. MOTHER'S MAIDEN	NAME	MIDDLE	701		LAS1	
Basil	Mil	Die	Cromwe	11	Leonor	a	Milobet		D	own	
160 WAS DECEASED EN			166. SOCIAL SEC			Niece	ADDRES	55 E 1 1	ico	t.t.	City,
(YES, NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES)	212 14	8900	Leonora			D. 2	104	3	9-17-1
		Α	line for (a), (b), or		Deomora	HOCHC					MATE INTERVAL
Conditions, if a gove rise to cause (o), stunderlying co	immediate ating the	DUE TO, O	R AS A CONSEQUENCE AS A CONSEQUENCE OF THE PROPERTY OF THE PRO	em	rest socardes ASCUD	il u	ifere	Le.	31		
	GONIFICANT CO	NDITIONS CO	MMM.	DEATH BUT	NOT RELATED TO THE T	ERMINAL DIS	EASE OR COND	ALLA	ENINA	PART 110	
190. DATE OF OPE	RATION	196 CONS	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a A	_	JOH CERTIF			IGS USED OF DEATH? NO []
OR CONTRIBUTION	UNDERLYING CAUSE OF DEATH	216. TIME C HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OC	CURRED (ENTI	R NATURE OF INJURY	VINITEM 18	PART I OR I	PART 2)	
(IF EITHER NOTIFY OCC	T WHILE WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	211. LOCATION STREET		CITY OR TOW	72	cou	UNTY	STATE
	eased alive on e) (did) (did not)	-67 16 1	0-17	8/24 , an	d that in (my) (our) opin	nion death occ	urred anythe dat		r and fr		that (I) (we) last causes stated
226. SIGNATURE	mot,	1/3	nde	in	DEGREE AJTENDIN PHYSICIAI		AL STAFF		220	PATE	2/83
224 PHYSICIAN'S	S NAME (TYPE OR PI	(INI)			22e ADDRESS 51	7 EMP	TRE TOW	VERS	/	17	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar attending physician.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burnal-tronsit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If hem 21 is marked or Item 18 shows any

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1

J.

JAMES

23c NAME OF CEMETERY OR CREMATORY Cem

M.D.

BURNIE, 23d. LOCATION CITY OF TOWN

MD.

STATE COUNTY

9'Sept Singleton Funeral Home/Glen Burnie MD

BENJAMIN,

236. DATE

m. Brooklyn 250 Date REC'D. BY REGISTRAR 25 SEP 8 1985

GLEN

21061

AMORY : D. T Choward | M. SEFTEMBER 6. 1893 12:50 Late . CM , ATTMICE TELES 'spc. 83 cedar Hill Cem. Brooklyn, A.A., MD.

within 24 hours ofter death. Page 4 may be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	Com	3	-	-

REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT) CLA	ARENCE	DDLE	DAY	20. DATE OF DEATH MONTH DA	7 83 AM	
3. SEX MALE	BLACK	5. DATE	OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS DNTHS DAYS HOURS MIN.	
70. BIRTHPLACE (STATE OR FOREIGN MARY LAN D 10. CITY OR TOWN OF DEATH	U.S.A	MAPP		9 BALTIMORE CITY OR COUNTY C ANNE ARUNDEL COL		
SEVERNA PARK	1848 Ba	facility, give street address) L to. Annapo	lis Blvd.	(TYPE OF WORK FOR MOST OF WORKING LIFE)		
MARYLAND A.	AE OR OTHER INSTITUTION GOUNTY	SEVERNA PARI	YES NO	848 Balto. Annag	polis Blvd.	
NATHAN	MIDDLE	DAY	15. MOTHER'S MAIDEN NA MÖR IAH	HAT	TTIET LAST	
16a. WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (HE YES	. ARMED FORCES? S. GIVE WAR OR DATES)	6b. SOCIAL SECURITY NO	SADIE PACK 8	ADDRESSevern 848 Balto. Annapol	na Park, Md. is Blvd.21146	
gove rise to immediate cause lost, stating this underlying cause lost PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR Ic) NT CONDITIONS COI	AS A CONSEQUENCE OF	ulmmar	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?	
216. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE O (IF EITHER, NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK	F DEATH HOUR A.M AINER) P.M 21e. PLACE O	. MONTH DAY YEA	R	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM TB. PAR CITY OR TOWN	NO COUNTY STATE	
27a.1 certify that (I) (this h sow the deceased alive above; (I) we) (did Hall 77b. SIGNATURE	d not, view the body o	10 83	DEGREE ATTENDING	death occurred on the date and hour of the date and	226. A thor ((we) lost ond Irom the couses stoted 226. DATE SIGNED 9-9-83 NOW 21450 (MASSWELL (
23a. BURIAL, CREMATION, REMO	9-10-19	The second second	CEMETERY OR CREMATORY		county STATE	

BURIAL 9-10-1983 Mt. Calvary Cemetery Amold A.A. Maryland FUNERAL DIRECTOR Annapolis, Md. 21401 Spate REC'D. BY REGISTRAR'S SIGNATURE WILLIAM REESE & SONS MORTUARY, P.A.

BP. DHMH - 16 50M 4/B2

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

MPORTANT: If Item 21 is marked or Item 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

(VRA 15, 4)

mill exforms ... 142 BAS Nt Stel agrave object 948 Sign To. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

STATE OF MARYLAND

1 - STATE REGISTRAI		DEF	CERTIFICA	TE OF DEATH	REG. N	D .		
1. DECEASED NA	HNN	A (WMW)	Diak	UNIK		9-ZG	1-83 21	135 A
J. SEX	5	White	S. DATE OF B	30 1902	6. AGE (IN YEARS LAST BIR	YRS.	THS DAYS H	UNDER 24
5 calibration		76. CITIZEN OF WHAT COUN	MARRIED L WIDOWED		ANUE AR	UNDER	60	
Ann Apo		I), NAME OF HOSPITAL, NI (IF NOT IN SICH FACILITY, GIVE ANNE ACUNDO	STREET ADDRESS)	THER INSTITUTION	12a USUAL OCCUPATE (TYPPOH WORK FOR MOST O	ON F WORKING LIFE)	12b. KIND OF B INDUSTRY	
OSUAL RESIDENCE 130 STATE	(IF NURSING H ME OR OUN AVE	TY 134 CITY OR		. INSIDE CITY LIMITS?	33 MPC	rmick	Ave	54
FATHER'S NAME OF STREET		Sm 1	-4	MOTHER'S MAIDEN NA	UNE MIDDLE		LAST	
3 160 WAS DECEAS	D EVER IN U.S. AR/ OWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL E WAR OR DATES)	SECURITY NO. 17	Kay Free	eman A	rnold	MJ. APPROXIMA BETWEEN ONS	
gove rise cause (a underlying		DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING	SEQUENCE OF	T RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART Tro-	
190 DATE C	OPERATION	19b. CONDITION FOR W	HICH OPERATION W	AS PERFORMED	200 AUTOPSY? YES □ NO 🛣		VERE FINDING	
OPCONTRIB	TWAS UNDERLYING CAUSE OF DEADTIFY MEDICAL EXAMINER		DAY YEAR	C HOW INJURY OCCUR	RED (ENTER NATURE OF INJU			
(IF EITHER, P	OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		LOCATION	CITY OR TO	WN	COUNTY	STA
saw th	deceased alive an	tal) attended the decrease ()		nat in (my) (our apinian	death occurred an the d	19. ote haur or		ot (I) just
27b. SIGNA		2 pc	e 87/	ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE SIG	GNED
224 PHYSIG	R. LOW		27	77 West S	T. ANNA	1043	Mo.	214
230. BURIAL, CRE	ATION, REMOVAL	23b. DATE 11-3-83	John B	TERY OR GREMATORY	23d LOCATION ITY OF TOWN	Faye	the the	P
24 FUNEBAL DIP	Funeral (Charol A	na onlis	MAINET (TE REC'D. BY REGIST AND 1	75b. REGISTRAI	R'S SIGNATUR	1

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs offer death, retained by the haspital or attending physician.

DHMH - 16 50/ (VRA 15,

	1. DE	CEASED NAME FIRST	ME	Nh. 4	Dorsey	REG. N	MONTH DAY	YEAR 26 HOUR
	3 SE	male	1 RACE	S I	DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTEDAY) IF (UNDER I YEAR IF UNDER 2
on once		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		ARRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY O	PR COUNTY OF	FDEATH
) (fied o	10 C	NN A On 2 15	11. NAME OF HO		OME OR OTHER INSTITUTION (SS)	120 USUAL OCCUPAT	OF WORKING LIFE	126 KIND OF BUSINES
myst be	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	R OTHER INSTITUTION, G NTY	IVE RESIDENCE BEFOR ADMI 31. CITY OR TOWN	SSION) • 136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	ASTPor	7 10 xx 0
Cominer	14. F/	ATHER'S NAME FIRST	MIDDLE	Dorsey	15. MOTHER'S MAIDEN N	AME MIDDLE		(I AL P A I
medical	16a V	VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIT	RMED FORCES?	66 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS OF TO	15 m	NWApolis
rent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY:	ne for (o), (b), and (c)	a Amount	,	7.0 711	APPROXIMATE INTERV. BETWEEN ONSET AND D
motic er		5996	DUE TO, OR	AS ACONSEQUENCE	Perol Falina			
ar ather trou		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A	AS A CONSPONENCE	01-1			
injury, a	NOI	PART 2 OTHER SIGNIFICANT	111	TRIBUTING TO DEAT	H BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART TIO
	¥	190 DATE OF OPERATION			RATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	VERE FINDINGS USED IG CAUSES OF DEATH
5	TIFIC	N/A						
18 shows	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M.		YEAR	RRED (ENTER NATURE OF INJU	RY IN ITEM IB PART	OR PART 2)
ar Item 18 shows	MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. P.M. 21e PLACE OF	MONTH DAY	19 21f. LOCATION	RRED (ENTER NATURE OF INJU		ORPART 2) COUNTY STA
Item 18 shows	CAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE ALWORK SIT WORK AT WORK IN TO SO Sow the deceased alive on	ATH HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	MONTH DAY FINJURY I, FACTORY, OFFICE, FARM E	19 21f. LOCATION	city or to	wn	COUNTY STA
If Hem 21 is marked ar Hem 18 shows	CAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hasp	ATH HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	MONTH DAY FINJURY I, FACTORY, OFFICE, FARM E	19 2H. LOCATION STREET	city or to	wn 193 ate and hour or	COUNTY STA
Item 21 is marked ar Item 18 shows	CAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a.1 certify that (1) (this hasp) sow the deceased alive on above, (1) (we) (did) (did not be)	ATH HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE into) offended the	MONTH DAY FINJURY I, FACTORY, OFFICE, FARM E	21f. LOCATION STREET 3, 19 DEGREE ATTENDING	to 9/12 to 9/10 death occurred on the do	wn 193 ate and hour or	COUNTY STA

The state of the s Test of the property of the second 10 3 P 100 Standard 1122 to die terros formate ma special fortent coll of the man and in a second David Land We think the state of the state Mind Q 1888 8 932 25 " (28) 2 1 2 1 1 1 1 2 1 3 1 3 1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H

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	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO).	
	CRASED NAME POSA	E D	OVE	20. DATE OF DEATH	7-16-	83 4:30P
3.5E	FEMALE	CAUC 5. DATE OF	19 92	6. AGE (IN YEARS LAST BIRT	YRS. MONTH	
(COUNTRY D.	USH WIDOWER		HUNE HUNE	AR	UNDELM
4	NUAPOLIS 11.	NAME OF HOSPITAL, NURSING HOME OF	ROTHER INSTITUTION	12a. YSUAL OCCUPATE free of work for most of 1045kW/		2b. KIND OF BUSINESS OR NDUSTRY
	AL HESIDEN TE (IF NURSING HOME OR OTH TATE 13b. COUNTY		VES NO [904 PRIM	ROSE	B 21403
Pi	HARD Halo	SUNDER LAND	15. MOTHER'S MAIDEN NAME FIRST	ME MIDOLE	W	ar50N
län. v	DECEASED EVER IN U.S. ARMEL		MARGACET	D. BUK	KET	#13
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	1 1 2 1 7 1	SPIRATOR	Y ARRES		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) C CO ST DUE TO, OR AS A CONSEQUENCE OF (c)	SCPTECEM	TA		/ wx.
MOIT	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT I		INAL DISEASE OR CONI		N PART 110
CERTIFICATION			ATT TO SERVICE	YES NO	IN CERTIFYING	G CAUSES OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART ?)
MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
	220.1 certify that (1) (his hospital) saw the deceased alive on obave (1) we) (did (did not) vi	SCOT 15 19 83, on	d that in (my (our opinion	death occurred on the do	16 . 19	from the causes stated
	Barry ,	& Mattansac	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	PIG 83
	22d PHYSICIAN STRAME 11995 OF THE	INT)	22e ADDRESS		1	

DHMH - 16 50M 4/82

MPORTANT, II II

FOR

(VRA 15, 4)

The second secon Charles Harrison Land Company of the The state of the s Weendred This is a facility that I have Marie Parte Harris Control of the Co

eral director, page 3 72 hours ofter death

death. Page 4 may be

executed within 24 hours after

STATE OF MARYLAND

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X.	1 .	STATE			DEPAR	CIMENI OF H		MENTAL HTG	IENE					
	1.	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO).		E	DT
ı		EASED NAME	FIRST	A	AIDDLE	L.	AST		2a. DATE O	F DEATH	MONTH	DAY YEAR	2b HO	UR
1	TITPE (OR PRINT!	ROBERT	L	ANGE	DUCKET	الم	SR	SEF	TEMBE	R 1.	1983	345	Alm
t	3. SEX			4 RACE		5. DATE C	FBIRTH	4,21	40.000	EARS LAST BIRT	10.	IF UNDER TYE		R 24 HRS
1		Male	100	White		Man	ch 26.1	916	67		YRS	MONTHS: DA	rs HOURS	MIN.
, i	7a. BIR	RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF		Y? 8.				RE CITY OF		Y OF DEATH		
1		inyland		11.5.	A	WIDOWE	NEVERA	VORCED	AN	INE AR	UNDE	L COUNT	rv	MD.
		TY OR TOWN OF	DEATH	11. NAME OF H		SING HOME C			12a. USUAL	OCCUPATION	N	12b. KINI	OF BUSIN	
4	1	GLEN BUR	MIE		ARUNDE		דאיד			nan Bo				
+	_	CHILDRY LIGHT	THE R. LEWIS CO., LANSING	OTHER INSTITUTION			IFU		Fine	nan Da	ut C	cay n	et.	
	139 S	inuland	136 COUN	e Arunde	L Pasad	ena	136 INSIDE C	NO A	7801	Hanbo	n Da	ive 21	193	-
7		THER'S NAME						MAIDEN NA						
7		Charle	o E. Du	ckett	LAST		Don	FIRST	SLO	role			LAST	
1	16a W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	16h SOCIAL SE	CURITY NO.	17 INFORMA			ADDRE	SS			
1	9	es no or unknown	WW	JJ DATES)	214_05	_3384	Maria	n H. Du	ickett	Same	as i	# 13		
ľ		18. CAUSE OF D	EATH (Enter or	ly one couse per	line for (a), (b),	and (c).)		,	1 0			BETWE	OXIMATE INT	ERVAL ID DEATH
1		PART I. DEAT	H WAS CAUSE	D BY: E C AUSE (0)		Corre	a Cino 1	hud'	feelle	V		1)	Legs -	
1		4143	2		R AS A CONSEC	LIENCE OF							7	
1		Conditions, if	ony, which	(16)	(A3 A CONSE		hemi	head'd	leserse			γ.	en-	
4		gove rise to	immediate	2015 10 00	R AS A CONSEC	NIENICE OF								
1		underlying c		(6)	(AS A CONSEC	AOEIACE OL								
1		PART 2 OTHER	SIGNIFICANT	ONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR COND	ITION GI	VEN IN PART	110	
1	NO N	17 1	1	letter tot	ic he	Cotte	Carun	emen						
7	CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDI	TION FOR WHI	CH OPERATIO			20a AUTO	OPSY?		S, WERE FIN		
1	Ĕ								YES 🗌	NO		ES [NO NO	
7	CER	21a. ACCIDENT WA	S UNDERLYING				21c. HOW IN	JURY OCCUR	RED (ENTER N	ATURE OF INJUR	Y IN ITEM 18	PART T OR PART	2)	
7	-	OR CONTRIBUTING	MEDIC AL EXAMINER	1111	M. MONTH	DAY YEAR								
1	MEDICAL	21d. INJURY OC		21e. PLACE	OF INJURY		21f LOCATIO			CITY OR TOV		COUNTY		
Н	X	WHILE NO	T WORK	(AT HOME STR	EET, FACTORY, OFFIC	E, FARM, ETC.)	STREET			1	VN	COUNTY		STATE
1				tal) attended the	deceased from	n 9/2	803	19	- to	2/1/	0 3	19	that (l)	(wet last
		sow the de	ceased alive an	-17:	19	0 7	d that in (my)	(ovr) opinion	death occurre	ed on the do	te and ho	ur and from t	he couses s	toted
		22b. SIGNATURE		Ti view tije body	Offer deoffi.		DEGREE					22c. DA	TE SIGNE	
		- 6	Leverel	alugh				PHYSICIAN [MEDICAL DIRECTOR	TAF PHYSIC		19/	2/8	3.
٦	16	22d. PHYSICIAN	NAME TYPE C	R PRINT)			22e ADDRES	8 F	VERGRE	EEN RO	AD	1	1	
		CERAD	n CHIRC	H M D			SET	VEDNA D	ADK N	ADVI A	AID 21	1146		
1	23a B	URIAL, CREMATI	ON, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR	CREMATORY	23d. 10C.	ATION		COUNTY		STATE
1	13	Burial	CK TO	Sept. 3	,1983	edan H	ill Cem		-a	Cumon	a Ci	t. ma	aula-	1
	24 FU	NERAL DIRECTO	R		ADDRES	s mount	Alu +	25a. DAT	E REC'D. BY	REGISTRAR	SA REGIS	THAR SHOP	YOUR	*
	MI	c Cully 1	-uneral	Heme	ADDRES	Tickness	k Rds.	SEP	0 19	00 9				

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL Home

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar attending physician

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		nukan (

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	D .		
		CEASED NAME FIRST OR PRINT)	FR_ W	ood I	DVALL, SR	20. DATE OF DEATH	9-26-8	33 PI	MM
	J SEX	AIE	White	S. DATE C	Zie-02	6. AGE LIN YEARS LAST BIR	YRS.	DAYS HOURS A	HRS MIN.
5		STYLENG CETAN CHICAGO	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED	HNNE A	FRUNDEL	Co	MD.
7	A PC	MAPOLIS	11. NAME OF HOSPITAL,		1 1	12g. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF MERCHANT	F WORKING LIFE) INDU	IND OF BUSINESS STRY Dacco	OR
6	130. 5			OR TOWN		13. STREET ADDRESS	om Road	20772	
d	A FA	William	Henry Duva	âl1	15. MOTHER'S MAIDEN NA	da MIDDLE	Wood		
2		VAS DECEASED EVER IN U.S. AR	F WAR OR DATES	AL SECURITY NO. -16-0148	Peter W. Di	13804 001 uvaži, Jr.	ey Stati Upper M	lon Road Marlbor	
	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A COL (b) DUE TO, OR AS A COL (c) CONDITIONS CONTRIBUTING	Leve Comment	Faclus Store NOT RELATED TO THE TERM	LO MINAL DISEASE OR CON	DITION GIVEN IN PA	free /	
2	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE F IN CERTIFYING CA YES		?
	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHIE AT WORK AT WORK Sow the deceased divern above, (1) (and) (did) (elector) THE PHYSICIAN'S NAME TH	HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY) THE TIME THE BODY OF THE PROPERTY OF THE	OFFICE, FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET And that in (my) (my) appinion DEGREE ATTENDING PHYSICIAN	city or to	wn country of the cou	try STAT) lost
1		R. I. Hod	limon hi	5	16 Micorae	7 700	uceagot	er les	V
		BURIAL, CREMATION, REMOVAL SPECEY)	9-29-83		emetery or crematory/	Croom P	.G., Mar	yland ***	11

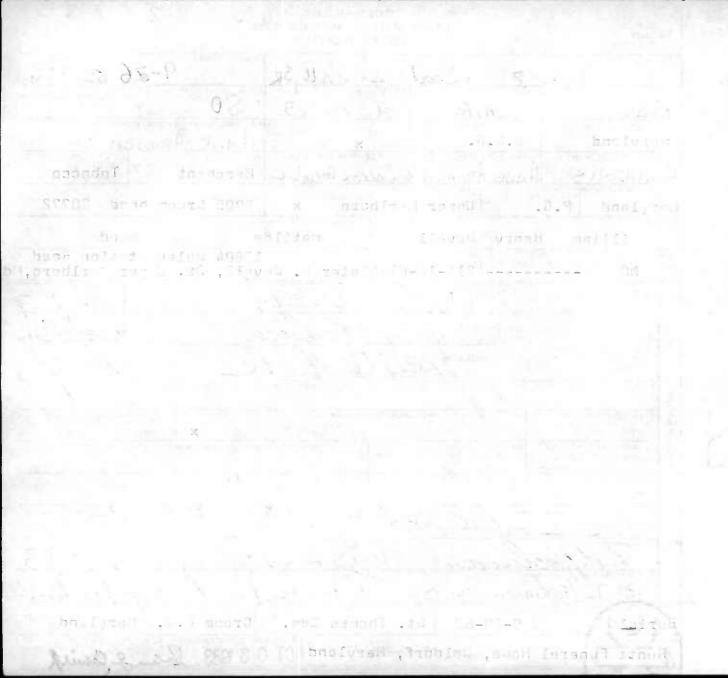
DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remaye carban popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Hem 21 is marked or Hem 18 shorts ony

Huntt Funeral Home, Walterf, Maryland DCT 0 3 1983



moy be hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

potified of once.

ner must be p

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPERE 2

1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
	OR PRINT! Warre		ryson	9 20	A
3. SE	X	4. RACE	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
1	male	white	MONTH DAY YEAR 9 19 23	GO YRS.	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	OF DEATH
B	ALTIMORE, MD.	UNITED STATES	WIDOWED DIVORCED	Anne Hrunde	/ Co. MD.
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OF OTHER INSTITUTION	12a. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]	126. KIND OF BUSINESS OR INDUSTRY
A	nnapolis	anne arunde	Gen. Hosp.	RETIRED	U.S. COAST GUAR
13a. S	STATE / 13b. COUP	OTHER INSTITUTION GIVE RESIDENCE BEFORE	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZJP CODE	0
m	dryland lanne	Hrunder Hrnold	YES NO	808 Bradford	Hre 21012
14. FA	THERS NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN N	MIDDLE	Da LAST
14 - 1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUR	LARET	ADDRESS .	WEETERICK
		E WAR OR DATES)	4338 MARY L. V	VILHELM (SAM	E AS 13)
		nly one couse per line for (a), (b), and	(c).)		BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ID BY: TE CAUSE (o)	Cardioverp	ivatory arrest	4 minutes
	11.79		NCF OF		114
	Conditions if any which	DUE TO, OR AS A CONSEQUE	Oat (P)	Carcinound	1/2 mos
	Conditions, if ony, which gove rise to immediate	(b)	0 - 11 - 001		
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		MES - YED
		(c)			
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	N IN PART Ita
MEDICAL CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
ER	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER ATURE OF INJURY IN ITEM TO PAR	
10	OR CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P	Y YEAR		
S	(IF EITHER, NOTIFY MEDICAL EXAMINE		71f. LOCATION		
VED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	RM ETC) A A STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		IAH G HOSPI	tal Franklin St. An	inapolis AA Md.
	220.1 certify that (1) (this hosp	ital) attended the deceased from	19 83	3, 10 9/26 1	9 83 , that (I) (we) lost
	sow the deceased alive or	of) view the body ofter death.	ond that in (my) (our) opinion	on death occurred on the date and hour	and from the causes stated
	77b. SIGNATU	of view the body offer deom.	DEGREE		22c. DAJE SIGNED
	Stuat	() Jelone	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/26/83
	220. PHYSICIAN'S NAME (14PE)	icu, w.o.	SI FVa	cullin St. Av	mapolis 21401
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATOR	23d LOCATION	COUNTY 4 STATE
	(SPECIFY) BURIAL	Sept. 29, 1983 Ce	DAR HILL COMETE		ANNE HEUNDEL MI
24 E	UNERAL DIRECTOR	En1	DI -01115 HUN 250 D		AR'S SIGNATURE
K	OBERT S. BARK	PANCO SEVE	RUA PARY MAN	72 1000 Q	L. Capiell
	DUCICI G. PITICA	Critical Deve	TO VALUE OF THE PROPERTY OF TH		

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or ottending physician.

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V	1	1		
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STATE OF MARYLAND

1	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH REG. NO.							
971)	EORPRINT) 14elen	MOSS E	dmead		MONTH DAY	23 YEAR	12d M	
3. SE	F	5. DATE (OF BIRTH -29-11 YEAR	6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
1	INTHPLACE ISTATE OFFOREIGN 76 CITIZEN OF NINGTON, D. C. U.S.A.	WHAT COUNTRY? 8 MARRIE WIDOWI		9 BALTIMORE CITY C		DEATH	MD.	
M	ITY OR TOWN OF DEATH II. NAME OF I	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C CCts . Maint	OF WORKING (IFE)	NDUSTRY	F BUSINESS OR		
USU	AT DESTRENCE HE MURSING HOME OR COMED INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION) 13: CITY OR TOWN Arundel—on—Ba		13e STREET ADDRESS 3542 Newpor		2/	401	
14 F	Alfred J. Moss, Jr.	15 MOTHER'S MAIDEN NAME FIRST Zita Benjamin						
	WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	IT INFORMANT ADDRESS Edmund V. Edmead, husband, same address						
	18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
B	4275	R AS A CONSEQUENCE OF			10 04			
	gave rise to immediate cause (a), stating the underlying cause lost.	RAS ACONSEQUENCE OF	mest					
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	N PART Iro		
CERTIFICATION	190 DATE OF OPERATION	ON WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?				
	210. ACCIDENT WAS UNDERLYING 21b. TIME O OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING 21b. TIME O HOUR A.I	M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITYORTO	wn	COUNTY	STATE	
	22a I certify that (I) (this haspital) attended the saw the deceased alive an above, (I) (we) (did) (did not) view the bady	131 19 47	nd that in (my) (our) apinion o	eath occurred on the de	19_ ote and hour one		hat (I) (we) last auses stated	
	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR □ PHYSIC	FF CIAN []	22c. DATE 9	IGNED)	
	ROBERT O. BIERN	M	121 Cather	as St AN	in Apolis	MD		
E		,1983 Maryland			Maryland	UNTY	STATE	
ACC	uire Funeral Service,I	nc. 7400 Georgi Washington	ia Ave.NVI SEP , DC 20012	7 BY REGISTRAR	25) BEGISTRAR	SSIGNATI	held	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shwith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at ather traumatic event, th

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and completely filled in by the funeral director, page 3 toges 1 and 2 should be filed within 72 hours after death

executed within 24 hours after death. Page 4 may be

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGING

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	1-	STATE REGISTRAR	VII ARIM	CERTIFICATE OF DEATH REG. NO.					
	1. DECEASED NAME & ARST James Tomes James			Fairbanks		Seat 2319		1983 95 AM	
	3. SEX 4. RACE			5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		IFUNDER I YEAR IF UNDER 24 HRS.	
	1	Male	White	Juli	31, 19,17	66	YRS.	NS DATS NO	Min.
225	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
\$20		MD	U.SA	WIDOWE	DIVORCED	Honet	trun	lel	MD.
100 mg	A	nna Polis	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL		- 111	TYPE OF YORK FOR MOST O	WORKING LIFE)	PACK D	SINESSOR
ed 36	UŠÚ/ 13a. S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	กบาทส์	214	one_
SC Wille	14. FA	ATHER'S NAME FIRST	AIDDLE FAIR ban	k	15. MOTHER'S MAIDEN NAM	UN TOOK	0	LAST	
medicol		MAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUR WAR OR DATES! 220-03-9	-4	Hnne R.H.F	airbanks	SOLV	APPROXIMATI	
or ather traumotic even		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENT (e)	NCE OF	eureon			many	year
injury.	NO	PART 2. OTHER SIGNIFICANT C	ONDITION CONTRIBUTING TO D	EATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Tra	
Yours only	CERTIFICATION	198. DATE OF OPERATION	19b. CONDITION FOR WHICH C	OPERATION	N WAS PERFORMED	206 AUTOPSY?		ERE FINDINGS G CAUSES OF	
Hem 18 sh	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	In .	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	ey in ITEM 18, PART 1	OR PART 2)	
marked or Hem 18		21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
21 is mo		saw the deceased alive an abave, (1) (waster)	attended he deceased from		d that in (my) court opinion of	death occurred an the do	5 19 ite and haur an		(I) (une) last ses stated
Tr. H hem		22b. SIGNATURE	schury.	7	ATTENDING PHYSICIAN	MEDICAL STAI		271. DAYESIG	P3
RIANI.		224. PHYSICIAN'S NAME (TYPE OF		35	16 Murray	Are Ann	anolis	Md	21/.01
MPORT		Richard I. I	10 CHillan		10 Muliay	Ave. Alli	apozza	, Picco	~1.701

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

236. BURIAL, CREMATION, REMOVAL 23b. DATE

Tuneral

24 FUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY 230. L. Maryland Veteran Cx 250. DATE REC'D. SEP 2

Chapel- Annapolis

234 LOCATION
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in 72 hours after death

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TO HOSPITAL OF ATTENDING PHYSICIAN: The low intuities by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPEIENE FOR 1 - STATE

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	(TYPE	OR PRINT)	RUTH	R	OSE	FITZP/	TRICK		SEPT	EMBER	03,	1983	345	AM
ł	3. SEX		210211	4 RACE		5. DATE C	F BIRTH		6 AGE IN YEAR	S LAST BIRTHDAY	r) IF	UNDER I YEAR	IF UNDER	24 HR5
	1	Female		Whit	e	Augus	DAY	1922	61		YRS.	NTHS DAYS	HOURS	MIN.
1		OUNTRY) AL	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8. MARRIE	NEVER	MARRIED -	9 BALTIMORE	E ARUN			7	
4		Md.		U.S.A	•	WIDOWE		VORCED .			1273.727			MD.
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7	14 FA	THER'S NAME		MIDDLE	nthi cum		15. MOTHER	S MAIDEN NA		MIDDLE	N	anel LAS	T	
4	16a W	AS DECEASED E	VER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMA	ANT	5	ADDRESS	21	122		
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		Conditions, if	nov which	1	R AS A CONSECU	5NEST		gwc	2-(8+	oge	7			
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	CERTIFICATION	19a DATE OF OP	ERATION	198 COND	TION FOR WHICH	OPERA	N WAS PERFO	DRMED	200 AUTOPS	IN	CERTIFY	WERE FINDE	OF DEAT	HP.
	RTII			7 21b. TIME C	e litti inv	1	121. 101/10	LIURY OCCUP	RED (ENTER NATUE	10 🖺	YES	Transition of the last of the	NO [
Ì.		210. ACCIDENT WA	CAUSE OF DE	ATH HOUR A.	M. MONTH	AY YE	ZIC ROVVIII	AJURY OCCUR	KED (ENTER NATUR	E OF INJURY IN	ITEM IB PAR	T (OR PART 2)		
П	MEDICAL	21d. INJURY OC	MEDICAL EXAMINE	21e. PLACE	OF INJURY	19	211. LOCATI	OŃ		CITY OR TOWN		COUNTY		STATE
	M	WHILE NO	of week [7]	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	STREE			, III OR IOWN		C- 0		TATE
1				attended th	deceased from	8/	70	1983	, to	9/3	, 19	, 87	that (I) (we) lost
1		saw the de-	ceened alive or	III view the body	efter death.	85.0	nd that in (my	(our) opinion	death accurred a	on the date o	and hour o	and from the	couses st	oted
1		776 SIGNATURE	1	/			DEGREE		EDICA	CTAFF		22c. DATE	SIGNED	33
	-		Jugo	ago		911		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		1	100	
		THE PHYSICIAN	SNAME THE	- Anna			22e ADDRE	ss 27	73-F PEN	INSULA	A FAR	M KUAI	,	
4		FIMO	CHARLES TO STREET THE STREET	fosd M	D.		I A	RNOLD.	MARYLAN	D 210	112			
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DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and completely though a detached for use as the burial-transit permit. Then please remove corbangopers. Pages 1 and 2 shart the strict Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE

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	REGI	ISTRAR				CEKIIF	ICATE OF DEA	III	REG. N	0.		
1	I. DECEASE		FIRST	^	AIDDLE	(AST VO		20 DATE OF DEATH	MONTH D	YEAR - Q	26 HOUR SOA
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	3. SEX	ale	4. F	RACE	ute	5. DATE C		YEAR S	AGE (IN YEARS LAST BI		ONTHS DAYS	HOURS MIN.
1		ACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUN	TRY? 8.	¥6	20150	BALTIMORE CITY	R COUNTY	OF DEATH	
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1	10 CITY OR	TOWN OF DEAT	Н 11.		HEACILITY GIVES		OR OTHER INSTITU		120 USUAL OCCUPAT			BUSINESS OR
3	an	napol	is C	enn	e au	undel	Den.1	405/1	Horse Tra	iner	Racin	<u>g</u>
	USUAL RES	IDENCE (IF HURSIN	IG HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE		13d INSIDE CITY	LIMITS?	13e STREET ADDRESS	/ ZIP CODE	210	7 - 3
	Md.			Arund		nsville		0 🗆	396 Laure			
1	14. FATHER	S NAME FIRST	MID	DIE	LAST		15. MOTHER'S M		E MIDDLE		LAST	
à	Cloy		Marsh		Fluke		Clara		Mae	Bro		
1	160 WAS DI	ECEASED EVER II	U.S. ARME	D FORCES?	166. SOCIAL	SECURITY NO.	17 INFORMANT	E	ADDR	ESS C	23-614	2
	YES, NO	OR UNKNOWN)	IF YES, GIVE W	30's	214-0	3-2222	Carolyn	Fluke	(spouse)	Same	as #13	
	18 C/	AUSE OF DEATH	(Enter only o	one cause per	line for (a), (b	of, and ICST					APPROXIM BETWEEN O	MATE INTERVAL
d		ART I. DEATH WA		SY:	mai	SIVE	CUA				1	2441
1	4	1360	MMEDIATE		1	FOUENCE OF						
1	Con	ditions, if ony,	which (DUE TO, OF	R AS A CONS	EQUENCE OF					9-19	
	gov	e rise to imme	ediote	(D)								
1		se (a), stating erlying cause	lost.	DUE TO, OF	R AS A CONS	EQUENCE OF					3.700	
1	PART	2 OTHER SIGN	IFICANT COM	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION GIVE	N IN PART I Io	
1	N O											
7	Y 19a D	ATE OF OPERATI	ON	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORM	\ED	20e AUTOPSY?		WERE FINDIN	
	CERTIFICATION D								YES NO	YES		NO [
5	21a.	ACCIDENT WAS UNDE		216. TIME O		DAY VEAD	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)	
7		ONTRIBUTING C		HOUR A.	M. MONTH M	DAY YEAR						
	<u> </u>	NJURY OCCURRI		21e PLACE	OF INJURY		211. LOCATION		CITY OR TO	NWN	COUNTY	STATE
	₹ white	LE NOT WHI	IE 🔲	(AT HOME, STR	REET, FACTORY, OI	FFICE, FARM ETC)	SINEEL		en out	,,,,,		
1		certify that (I) () attended th	e deceased f	rom		19		, 1	9, t	hat (I) (we) last
	s	aw the deceased	d alive an	iau tha hadu		19 53.0	nd that in (my) (or	στ) apinion de	eath occurred on the c	lote and haur	and from the c	causes stated
		SIGNATURE	er) (ala nat) v	new the body	after geath.	*	DEGREE	19			22c. DATE S	SIGNED
		1211	111	11	47	/	VII) ATT	ENDING YSICIAN	MEDICAL STA		9/	15/83
	22d. F	HYSICIAN'S NA	ME (TYPE OR PE	RINT)			22e. ADDRESS					
		Jac	206	TEI TE	ZSAV	м						
	23a BURIAI	L, CREMATION, R	REMOVAL	23b. DATE		23c. NAME OF	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE
Y		moval	14.54	9-15-	83							
		AL DIRECTOR			ADDI	RESS		250 DATE	1 6 1983	256 REGISTE	PARO SIGNATU	JRELL
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medical examiner must be

MPORTANT: If them 21 is marked at them 18 shows any

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STATE OF MARYLAND

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1 - STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	REG. NO.	EDT
1. DECEASED NAME FIRST (TYPE OR PRINT)	. MIDDLE	SAST	20. DATE OF DEATH MON	18
LILL.	IE M,	FOREMAN '	SEPTEMBER	13, 1083 230 A
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	(Y) IF UNDER 1 YEAR IF UNDER 24 HRS
FEMIALE	NEGRO	MONTH DAY YEAR 3 1892	91	YRS.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR C	
BALTO. Mad	W. S. A.	WIDOWED DIVORCED	_ ANNIE AND I	NDEL COUNTY MC
M. CITY OR TOWN OF DEATH		JURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
GLEN BURNIE	NORTH ARUN	ESTREET ADDRESS PITAL	DONIESTIC	HOUSIRT HOLO
MSUAL RESIDENCE (IF NURSING HOME 130. STATE	E OR OTHER INSTITUTION, GIVE RESIDENCE DUNTY 134. CITY OF BALT	R TOWN 136. INSIDE CITY LIMITS?	130. STREET ADDRESS 527 Nr. CA	1400 N 37.3
JOSEPH	MIDDLE CORNIIS	15. MOTHER'S MAIDEN N FIRST 17 AR L	GILMO.	RE LAST
16a, WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL (2) 79	L SECURITY NO. 17. INFORMANT / -22-4998 JOHNNE /	? RUCKS	En Carl
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON-	SEQUENCE OF COLL BY	2 RMINAL DISEASE OR CONDITI	ON GIVEN IN PART I (a)
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	WHICH OPERATION WAS PERFORMED		B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 216. INJURY OCCURRED	DEATH HOUR A.M. MONTE	H DAY YEAR 19 211 LOCATION	PRRED (ENTER NATURE OF INJURY IN	
AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, C	orrice, rank, ere y	CHI OK. OW.	
sow the deceased alive	on The body offer death.		in death occurred on the date of	, 19, that (I) (we) los and hour and from the causes stated
274 PHYSICIAN'S NAME (TYP	hadr	DEGREE ATTENDING PHYSICIAN 1	DIRECTOR PHYSICIAN 236 MOUNTAIN R	226. DATE SIGNED OAD
HAMTD TOWN	ITDIAN M.D.		A THE STATE OF THE	122
230. BURIAL, CREMATION, REMOV (SPECIFY)	9-16-83	MT. AUBURN CENTER	CITY OR TOWN	Mc COUNTY STATE

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

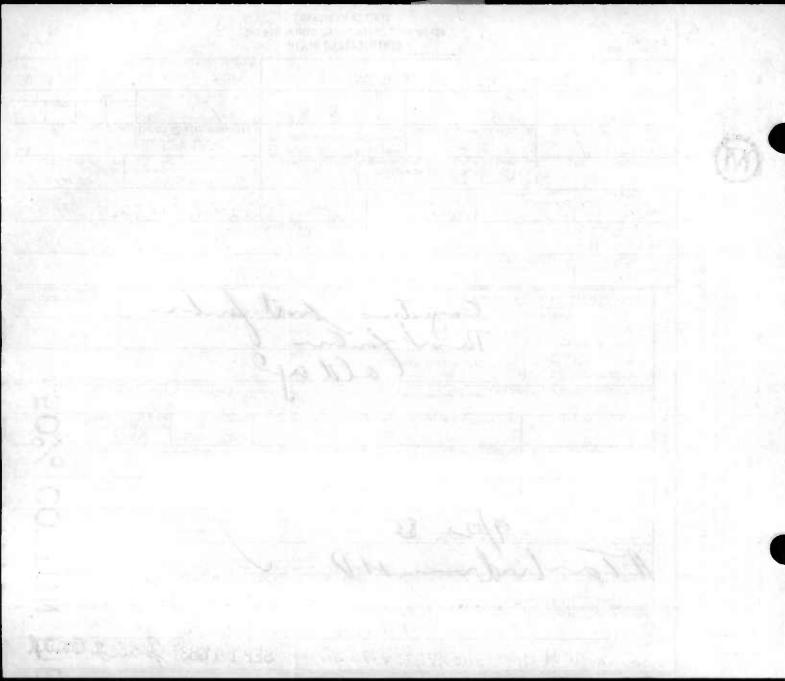
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

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24 FUNERAL DIRECTOR Hayes 3112 PREISTER STOWN (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fager Emon retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral diseases should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 ham with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal:	1
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.	IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar ather troumatic event, the medical examiner must be footified at ance
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST YPE OR PRINT) BLAIN	XHE Virginia	Fo	WKKE5	9/4/83 4 9	TOE.	26. HOUR 0719-M
3. 3	FEUALE	NEGRO.	5. DATE O	of BIRTH 1932 -5 ₩ ♣₩	51 XXX YRS.	BUNDER) TEAR HONTHS DAYS	HOURS ARE
	BIRTHPLACE (STATE OR FOREIGN	U.S.A.	8. MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY ANNE ARV	NOEL	· MD
10.	ANNA POLIS	11. NAME OF HOSPITAL, NURSIN A (IF NOT IN SUCH ACILITY, GIVE STREET. A NNE AROUNDE	ADDRESS)	DEVOL to.	HOUSEWIFE	126. KIND C INDUSTRY	OF BUSINESS OR
17	try Land and Ecoy	ARUNDEL 13ANNA PO		YES [] NO []		RIVE	21401
	FATHER'S NAME BENJAMIN	MILL'E'R		15. MOTHER'S MAIDEN NA/ LOTEA	MIDDLE	ELSON	51
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 219-30-		OTIS HENRY	FOWLKES SAME	AS 13	E
		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF	f. Colon	TIME DISEASE OR CONDITION GIV	is y	٠
CEPTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		, WERE FINDI	
MEDICAL CEP	OR CONTRIBUTION CAUSE OF DE	ER) P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive p	oital) attended the deceased from 19 8 (attended) view the body after death.		DEGREE ATTENDING .	death occurred an the date and have	r and fram the	that yo (we) last causes stated SIGNED A + 83.
		CHOATE M.D. P.	Α	220 ADDRESS 2083 WEST	ST. ANNAPOLIS	, MD.	21401
23a	BURIAL, CREMATION, REMOVA		INEL	EMETERY OR CREMATORY AWN CEMETER	Y ANNAPOLIS AN	NENT AR	UNDÉ'L' C

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR ROBERT E.

EVANS FUNERAL ADDIRECTOR 1212

gettimens I so used south I will be a THE RESERVE

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GTENE 3 2 2	986
	(TYPE	CEASED NAME FIRST OR PRINT) HARRY	MIDDLE	FOX	9/2/83	YEAR 26. HOUR 4:45PM
of off	3. SEX	MAIE	CAUCASIAN	S. DATE OF BIRTH MONTH SON YEAR YEAR	7/ YRS. 1	IF UNDER TYEAR IF UNDER 24 HRS
2 2	P	ennsylvania	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	Anne Arundel	
3				G HOME OR OTHER INSTITUTION General Hospita		
	VSU/ Va i	ALRESIDENCE (IF NURSING HOME OR LANGE OF A L	other institution, give residence before Vivandel	Clis 134 IN NO E CITY LIMITS?	La carrier de la carriera	enue 43
ond (2)	N	Milton	FOX	IS. MOTHER'S MAIDEN NA FIRST Eleanor	WIDDLE	usselman
. Poges		VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVE NO	E WAR OR DATES)	JRITYNO. 17 INFORMANT -6438 Dorothy M.	ADDRESS Fox 1193 Tyle	r Avenue
oleose remove carbon pape rial, cremation, ar removal or other traumotic event, th		PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ENDERD LORY CARE ENCE OF CASTO CARD ENCE OF CASTO CARD	at ident in-Unscular frain	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH // Jays // Lears /
e prior to bu	CERTIFICATION	19a. DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES.	WERE FINDINGS USED
vriol-tronsit per Aentol Hygiene r frem 18 shows	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	TH HOUR A.M. MONTH D	AY YEAR 19 216. HOW INJURY OCCUR	YES NO YES	NO N
of the bud worked or	MEC	AT WORK AT WORK	LAT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
detoched for us ote Dept. of Hec IT: If hem 21 is r		sow the deceased alive on obove; (if) we (idid) (did not 22b. SIGNATURE	2 yathanse	DEGREE ATTENDING PHYSICIAN [death occurred on the date and hour	ond from the couses stated 22c. DATE SIGNED
hould be		224 PHYSICIAN'S NAME VIVE OF BARRY R.	NATHANSON I	M.L. 121 CATHE	ARALST ANNAP	M.

DHMH - 16 50M 4/B2

(VRA 15, 4)

24 FUNERAL DIRECTOR Robert E. Evans 1212 West St. Annapolis

23b. DATE

9-6-83

230. BURIAL, CREMATION, REMOVAL

Burial

230 NAME OF CEMETERY OR CREMATORY Hillcrest Memorial

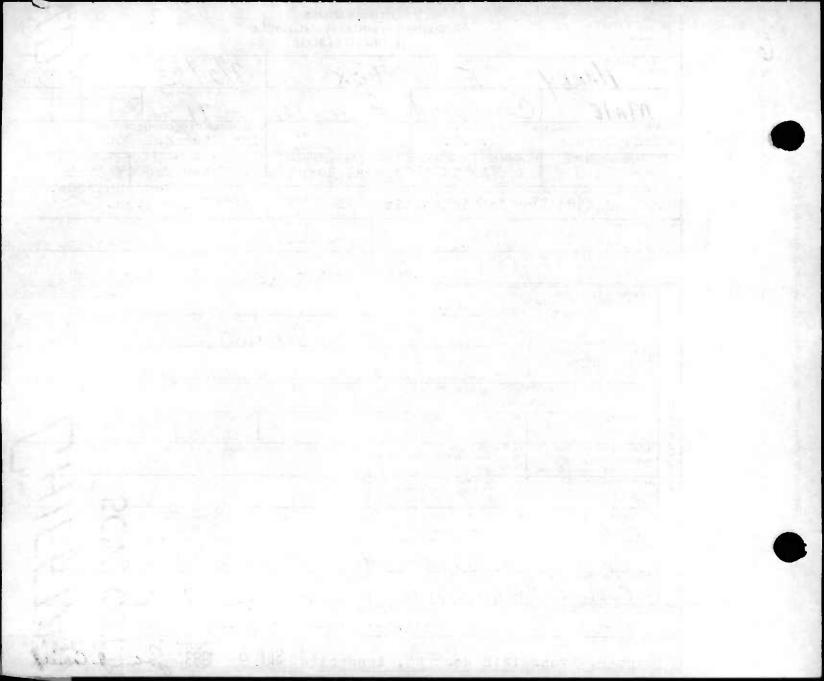
23d LOCATION
CITY OF TOWN
Gardens

Annapolis Anne

250. DATE REC'D. BY RACISTRAPHISE.

, SEP. 9 1983

MD.



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DHMH - 17

(VR A15 ME (5)) 20M 4/82

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

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130. STATE

CERTIFICATION

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ID. CITY OR TOWN OF DEA

USUAL RESIDENCE (IF IN NU

60. WAS DECEASED EVER KNOWNI

lying cause last. PART 2 OTHER SIGNIFICAN

3. SEX

E STRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL RYGIEN ER'S CERTIFICATE OF DEA		8 8
ED NAME HENRY	Preston	FYANK	20 DATE KNOWN OF ESTI- DEATH MATED O	9 83 1430 M
Neg 13	2-6-191171 YRS) MONTHS DAYS HOURS MIN	21. DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY	S 3 Z A HOUR
LOUNTRY A	1101	WIDOWED DIVORCED	Arxo Aru	NO L MD.
thIAN 51	HOLLING CONTROL OF THE STREET ADDRESS OF THE	R	etired.	OR INDUSTRY
Aryland A	A. Gothia	YES NO X 5/	84 SAND	Rd!
PECE ASED EVER IN U.S. ARMED FO	DRCES? 166, SOCIAL SECURITY	15 MOTHER'S MAIDEN NAME FIRST LIZ INFORMANT	-1ZAbeth C	JIDSON
(IF YES, GIVE WAR OR I	24B-14-01		USER AAF	
CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY: MMEDIATE CAU	(ma of o	lung.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(b)			
lying cause last. 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	(<)UTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART LIG		
DATE OF OPERATION	196, CONDITION FOR WHICH OPERAT			20 AUTOPSY?
EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21t. HOW INJURY OCCURRED (ENTER N	NATURE OF INJURY IN ITEM 18 PART 1 OR PART:	YES NO
NTRIBUTING CAUSE OF DEATH		211. LOCATION STREET	CITY OR TOWN COUN	TY STATE
WORK AT WORK				

Inspection 220 I certify that I taak charge of the remains described above, held on Autapsy Inquiry and in my apinian Natural causes death resulted fram: Accident Hamicide Undetermined manner

ACTUAL SIGNATURE MEDICAL EXAMINER

EXAMINER'S NAME TYPE OR PRINT 230 URIAL, CREMATION, REMOVAL

ELINERAU DIRECT 25a. DATE REC'D. BY REGISTRAR d

through the state of the LI ENGRE WILLIAM STANS Manyland Al a carlo on a Karlo of Santy Maria PERGRAMENT CHAIN CHILDREN The same of the sa S. Carriel

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6		#1 10/3/83 mtb FOR STATE REGISTRAR		STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFIC ATE OF DEATH	REG. NO.	9 8 9 EDT
noy be poge 3 er death	(TYPE	CEASED NAME FIRST OR PRINT) IRENE		GARDNER	20. DATE OF DEATH MONTH DA	1983 1220 AM
offic.	3. SE	Female	White	March 21 1907	76 YRS.	FUNDER I YEAR IF UNDER 24 HRS
eath.	A	rcadia, Md.	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED MORCED	9 BALTIMORE CITY OR COUNTY OF ANNE ARUNDEL	COUNTY MD.
by the fi	,	TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDEL	HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORKEOR MOST OF WORKING AFE)	
	13a_9		other institution give residence before lift 13c. CITY OR TOWN Westmin	ster YES X NO	205 St. Matth	ews Ct.
1 1/200	1	Conrad	MIDDLE Blum		WIDDIE	Blaustien
be execu		VAS DECEASED EVER IN U.S. AR. (15. NO OR UNKNOWN) (1F YES, GIV	MED FORCES? 166. SOCIAL SECUI E WAR OR DATES) 212-03-		8019270leg Horwath	raph Rd1144
equires that the death cerificate in signed by the attending physici. Then please remove carbon paper to burlol, cremation, or removal, injury, or other troumatic event, injury, or other troumatic event, injury.	NO	4275 IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ly ane couse per Me for (o), (b) Indo D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	NIMAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N IN PART 110
The law reiction. te hos been usit permit. I giene prior shows any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
HYSICIAN: Theiding physicions are certificate buriol-tronsit Mentol Hygie or frem 18 sho	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING ASSECT DEA OR CONTRIBUTING ASSECT DEA OF EITHER, NOTHY MEDICAL EXAMINER 21d, INJURY OCCURRED	TH HOUR A.M. MONTH DA	Y YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
TENDING Property of the street	ME	WHILE AT WORK AT WORK 220. I certify that (1) this hospin saw the deceased alive on above (1) (did) folding	(AT HOME, STREET, FACTORY, OFFICE, F/	Sept. 4, 19 83	ta Sept 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	9 , tho ((i) (we) last ond from the causes stated
TO HOSPITAL OR AN retained by the hosp TO FUNERAL DIRECthould be detached it with the Store Dept.		MANURE MANURE	Kallan	DEGREE ATTENDING PHYSICIAN [22e ADDRESS 78	MEDICAL STAFF DIRECTOR PHYSICIAN 45 OAKWOOD ROAD ST	
BP Ode M	23a I	SURIAL, CREMATION, REMOVAL SPECIBULIAL	23b. DATE 9-16-83 Dr	AME OF CEMETERY OR CREMATORY uid Ridge Cemet	ry Pikesville	county State Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	Kiame J. Fliter		cher & Son For	P 1 9 1983	AR'S SIGNATURE

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th certificate be executed within 24 hours after death. Page 4 may be	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

injury, ar other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows

FOR - STATE

REGISTRAR

FIRST

MARGARET

MIDDLE

TYPE OR PRINT

STATE OF MARYLAND STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGHENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH

GELWICK

EDT

DAY

30

YEAR

1983

26. HOUR

PM

955

REG. NO

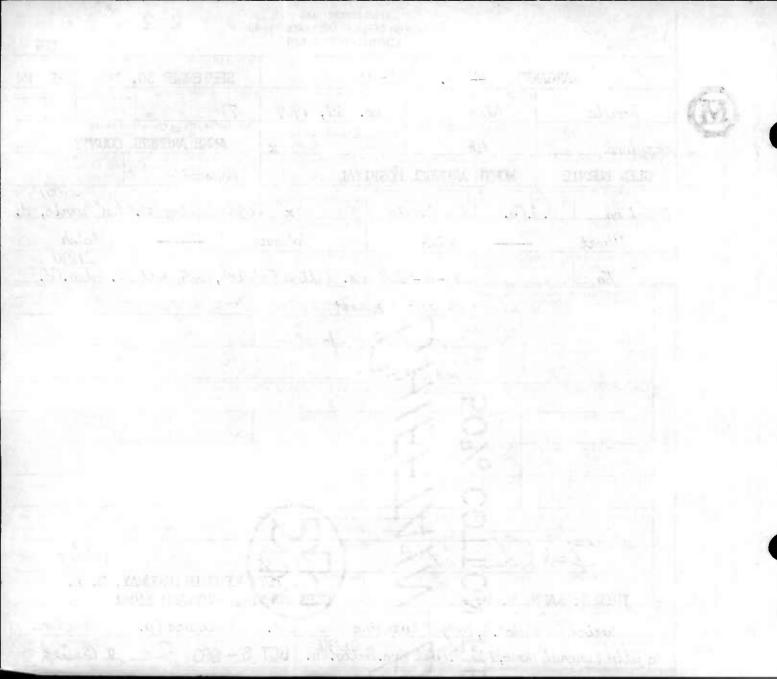
SEPTEMBER

3 SEX	777	4. RACE	MONT	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF			
	ryland	USA	WIDOW		ANNE AR		COUNTY	1110.
10 C1	GLEN BURNIE	NORTH ARU	NDEL HOSP		TOUS OF WORK FOR MOST OF	WORKING LIFE)		F BUSINESS OR
130. 5	AL RESIDENCE HE NURSING HOME OF TATE 136 COL		OR TOWN Burnie	138. INSIDE CITY LIMITS?	130. STREET ADDRESS	y Rd. G	Len Bu	21061 rnie.M.
	Albert	MIDDLE Smi	th	15. MOTHER'S MAIDEN NAM			Wel	sh
	VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17. INFORMANT	ADDRES	55	21.	230
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	16-6228	Mr. William Ge	Luick 1625	Relt S	t. Balt	a.Md.
		inly one cause per line for (a		The second secon	X-02-0-1		APPROXI	MATE INTERVAL
	PART I, DEATH WAS CAUS	ED BY:	dire a	relat.				
	4100		NEED HENCE OF					
	Canditions, if any, which	DUE TO, OR AS A CO	residial	Infactor				
	gave rise to immediate cause (a), stating the	10)	NEFOLIELICE OF					
	underlying cause last.	DUE TO, OR AS A CO	LHYTHM 1	A				
	PART 2 OTHER SIGNIFICANT	107			INAL DISEASE OR COND	ITION GIVE	N IN PART HO	
NO		(39)						
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH			IN CERTI			S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	
7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFEITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCUR		IN ITEM IS PAR	RT I OR PART 2]	
MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY		211 LOCATION	CITY OR TOW	/N	COUNTY	STATE
2	WHILE AT WORK	AT HOME, STREET, FACTOR	r, OFFICE, FARM, ETC)	SIRCE	CITY ON 10			31416
	22a.1 certify that (1) (this has	pital) attended the deceased	d fram	, 19	, to	, 19	9	that (I) (we) last
	saw the deceased alive a	nat, view the body after deat	_19	nd that in (my) (our) apinion	death accurred on the da	te and haur	and from the	causes stated
	226. SIGNATUR	Colin	1.0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		10 (c/	PIGNED
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS 75	75 RITCHIE H	IGHWA)	. S. E	
	FRED T KAH	N M D		GLEN BURN				
	SURIAL, CREMATION, REMOVA		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	. (7.11
	Bunial	Oct. 4. 1983	Lorrai	ne Park (emt.	Baltimore	(0.	Mar	ryland
24 FI	JNERAL DIRECTOR	Home, 130 E.F		21220 250 DAT	3 - 1983	REGISTR	AR'S SIGNATI	URE
		,,,						

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDE retained by the hospital or



completely filled in by the funeral direct and 2 should be filed within \$2 hours. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Lem (Pahows any injury, or other traumatic event, the m

BP.

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPARTA		ICATE OF DI	ENTAL HYG EATH	IENE	REG. NO.				
Ì		CEASED NAME	FIRST		MIDDLE		LAST		2a DATE OF D		HTM(DAY YEAR	21	HOUR
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t	3 SEX	(nay	4 RACE		5 DATE O			6. AGE (IN YEAR	embe i	AY)	IF UNDER 1 YE		UNDER 24 HRS
۱		Male		Come		MONT		YEAR	(1			MONTHS DA	/S H	OURS MIN
ł	7. DIE	RTHPLACE (STATE	00.5000000	Cauc.	WHAT COUNTRY?	Sep	4, 19	22	6 1 9 BALTIMORE	CITY OR	YRS.	OFFITH		
1	1 50	DUNTRY) \	OR FOREIGN	/ CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER M	ARRIED -	BALTIMORE	CITTOK	COUNTY	OF DEATH		
			INIA	LINITED	STATES	WIDOWI		ORCED		Arui				MD.
1	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	12a USUAL OC	CUPATION	OBKING UE	126 KIND		SUSINESS OR
1	An	napoli	S		lis Con		xcent	Ctr.	ENGIN		0	CHEN		aL Co.
7	USUA 130 S	L RESIDENCE (#	NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						10.10.		
M			136 COU	ARUNDER	13c. CITY OR TOW		134. INSIDE CIT	Y LIMITS?	13e. STREET AD		2.1.	E ST		11170
ł	IVIT	THER'S NAME	HNN	HRUNDEL	PASADENI	4	15 MOTHER'S			L	SHON	E 37	,	dildid
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I		AS DECEASED E		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT		ADDRESS				1
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ľ		14 CAUSE OF D	EATH (Enter o	nly one couse per	line for (a), (b), and	test						APPR	OXIMA	TE INTERVAL
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I		191	IMMEDIA	TE CAUSE (a)	oa	o com	a (mar.	z girair	c, ICI			IIO I (. II a II
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1		saw the dec	eased alive a	n Augus		83.	nd that in (my) (our) opinian (death occurred o	on the date	and hav	r and from t	he cau	uses stated
1		226. SIGNATURE		001	,		DEGREE					22c. DA	TE SIC	GNED
J		16	Jan V	7. 11	10.00		AT	TENDING	MEDICAL DIRECTOR	STAFF			_	100
1		224 PHYSICIAN'S	S NAME (TYPE	OR PRINT)	100		220 ADDRESS	113ICIAN E	DIRECTOR	PHISKIA	N []	ISer		, 198
١	381	11												
1		Charle		Kinzer		•		irray		nnap	oli	s. MI	2	1401
		URIAL, CREMATIC	ON, REMOVA		0	IAME OF C	EMETERY OR CE	REMATORY	23d. LOCATE	NO		COUNTY		STATE
		BURI	AL	SEPT. 8	, 1983 GII	KEVAN	(HAMILY	CEMETE			Ham	PSHIR		W. VA.
1	24 FU	NERAL DIRECTO	R		5 Books R	TOIL	E Huy		E REC'D. BY REG		. REGIST	RAR'S SIGN	ATUR	E
	K	ARRANCO	IFU		SEVERA		RK MD	dED (0 4000	1		00		
F	1	TISK!TITCE			OC VE KI	1/1	12/1/1/1/	JIF (1934		THE REAL PROPERTY.	Harley.	أغدا	-

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requires that the death certificate be executed within 24 hours after 30 TTENDING PHYSICIAN: The TO HOSPITAL STIENDIN

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

offending physician.

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked or Nem 18 shaws any

DHMH-16 20M (VRA 15, 4) 7/78

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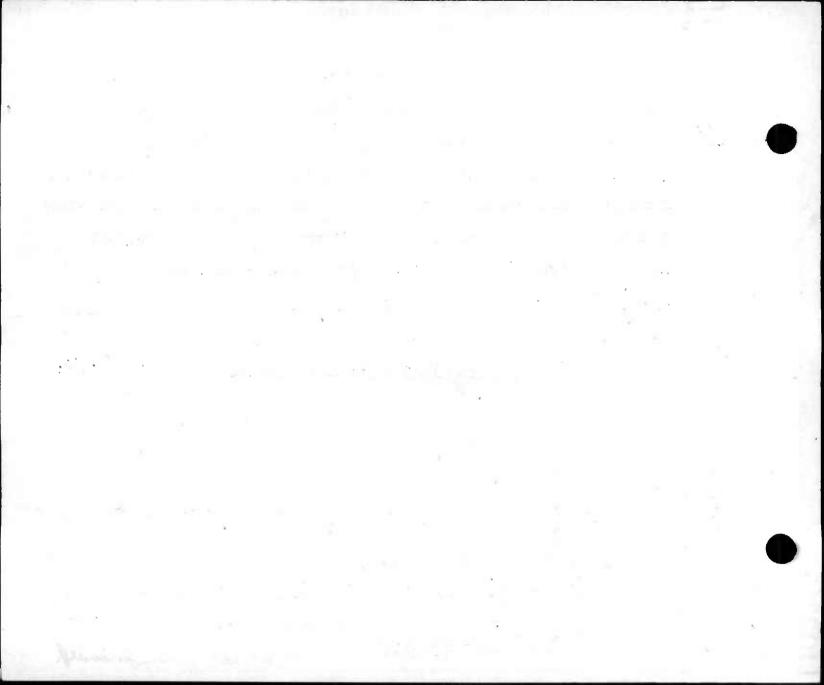
STATE OF MARYLAND

2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE O	DEATH		REG. N	0			
	CEASED NAME	FIRST NUE		AIDDLE	3047	AST MA	(4)	Ze. DATE	OF DEATH	MONTH 9 - 1	DAY YEAR	26. H	OUR S
3. SE.			RACE) hite	5. DATE C		901 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) YRS.	IF UNDER 1 YE		IDER 24 HRS RS MIN.
ß	RTHPLACE (STATE OR FO		United	WHAT COUNTRY?	WIDOWE		R MARRIED DIVORCED	ANN		NDEL			MD.
A	UNAPOLIS	5	ANNE	HOSPITAL, NURSIN HEACILITY, GIVE STREET HRUNDE	ADDRESSI LL GE	WERK	12 Hosp.	(TYPE OF V	AL OCCUPATI YORK FOR MOST O Ker		FEI INDUST		ate
130 N	AL RESIDENCE (# NURS STATE laryland	13h COUNT	Arunde	13, CITY OF TOM	NON	YES 🗌	NOTE:		ET ADDRESS 5 Pear	Hill	Court	21:	114
	ther's NAME Charles	MI	DOLE	Goldman			R'S MAIDEN NA	ME	WIDDLE		runfel	d	
160 V	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARM (IF YES GIVE V N/A		166 SOCIAL SECT 054-12-6		Mich	ael Gold	dman	Same a				
7	Conditions, if ony, gove rise to imm couse to, stotin underlying couse	which nediate g the lost.	DUE TO, OF	Cardio RAS A CONSEOU RAS A CONSEOU RAS A CONSEOU RAS A CONSEOU	ENCE OF	Idone NOT RELAT	ino O L	liscu.	A ASE OR CON	DITION GIV	2	4 Bo) A
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING 216. TIME C			FINJURY M. MONTH D M.	YES NO YES			S, WERE FINDINGS USED FYING CAUSES OF DEATH? (S) NO PART 1 OR PART 2)		EATH?			
ME	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d LOCATION STREET CITY OR TOWN COUNTY STATE 19							(we) lost					
	276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN 220 ADDRESS 276 PHYSICIAN SNAME (TV)E OR PRINT) 276 ADDRESS							53					
230. E	SURIAL, CREMATION,	REMOVAL	236. DATE 9-21-				R CREMATORY Cemeter	23d. LC y 01	CATION TY OR TOWN Ney,		COUNTY	Mary	land

res Pearson Funeral Homes Falls Church, 78 22046 24 FUNERAL DIRECTOR

SEP 26 1983 John & Comp.



T- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

al To BIRTHPLACE (STATE OR FOREIGN COUNTRY)
West Virginia

14. FATHER'S NAME Millard

(YES NO. OR UNKNOWN)

160. WAS DECEASED EVER IN U.S. ARMED

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3 SEX

	STATE OF MEALTH OF HEALTH OICAL EXAMINER'S CO	AND MENTAL HYGIN	ATH DEC	2 9	9 3	
		TAST	NEO.		DAY YEAR	25 110110
Jo	10	AHAM	20. DATE KNOWN OF ESTI- DEATH MATED		22 ₁₉ 83	26 HOUR
ATE OF BIRTH	YEAR LAST BIRTHOAY) MONTH		PRONOUNCED DE AD	9 -	27 33	20 HOUR 2010 M
CITIZEN OF WHA	MARRI	IED X NEVER MARRIED	Anne A	Y <u>OR COUNT</u> A runde		MD.
NAME OF HOSP LIF NOT IN SUCH FACE 228 Bay	PITAL, NURSING HOME, OR OTHI CILITY, GIVE STREET ADDRESS) Yard Road	FOR	SUAL OCCUPATION (R MOST OF WORKING LIFE) COTESSOR	U.S.N		cadem
	E RESIDENCE BEFORE ADMISSION) 136 GITY OR TOWN	YES NO Y	REET ADDRESS B	AYAra	1 Ro	Ad.
DDIE	Graham	N. Bernice	MIDDLE		2071 00 k	
FORCES? OR DATES)	166. SOCIAL SECURITY NO. 232-50-7678	Peggy H. Gr	raham San		above	
AUSE (o) M	far (a), (b), and (c).) ULTIPLE	TRAUM	A -		APPROXIMATE BETWEEN ONSET	
(b) CR	as a consequence of 2USh by	FALLING	TRE	EE	No.	ve
(c)	AS A CONSEQUENCE OF	(
	UT NOT RELATED TO THE TERMINAL DISEASE					
IN CONTRIE	TON FOR WHICH OPERATION W	AC BEREORALERO			DO ALLT ORCHO	

()	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DAT	232-50-7	678 Peggy	H. Graham Sa	ame as above
>	PART I DEATH W Conditions, if a gave rise to cause (a) stating lying couse lost.	AS CAUSED BY: IMMEDIATE CAUSE ony, which immediate the under-	se per line far (a), (b), ond (c).) (o) Multiple (b) CRUS L (b) CR AS A CONSEQUENCE (c) CR AS A CONSEQUENCE (c) CR AS A CONSEQUENCE	by FALL	uma. Ing TR	APPROXIMAL BETWEEN ONSI
AL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19th Date of Opera 21th External Cau Underlying Underlying Contributing	SEWAS 21	6 TO DEATH BUT NOT RELATED TO THE TEN	RATION WAS PERFORMED?	RRED LENTER NATURE OF INJURY IN I	20 AUTOPSY YES TEM 18 PART L OR PART 2) PAT IE WY
MEDIC	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE ORK	e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET 2 2 3 3 4 Autopsy , Inspe vicide , Hamicide TITLE SPECIFY	CITY OR TOWN Inquiry Undetermined monner	
(EXAMINER'S NAME (TYPE OR PRINT) SURIAL, CREMATION, F Buri		6-83 Evangeli		erjan Annapo	

BP. **DHMH - 17** (VR A15 ME (5))

20M 4/82

ündel Md.

Robert

1212 West Evans Annapolis,

Md-

PARTIES TO SOLVERY and the firms The salling The Co The second of th Malle is from Regist.

E, MD. 21201	ATH. IF ANY DELAY IS NECESSAF S1, 2, AND STOTHE FUNERAL (PM, 3, RETAIN PAGE 5 FOR YO ND 2-SHOULD BE FILED, WITHIN WAL RECORDS, 701 W. PRESTO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	E EXECUTED WITHIN 24 HOURS AFTER DE DING" IN PENCIL IN ITEM 18. GIVE PAGE DICAL EXAMINER ALONG WITH FORM A BURIAL. TRANSIT PERMIT. PAGES 1.A & BURIAL. TRANSIT PERMIT. PAGES 1.A THA AND MENTAL HYGIENE, DIVISION OF THA MATCH AND A DEMANY.
DIVISION OF VITAL REC	O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAF ECUTE THE CERTIFICATE, WRITING THE WORDS" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL INCOME. A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR YCLOWNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. FRANSIT FERMIT. PAGES 1, AND 2-SHOULD BE USED AS A BURIAL HAND FRANSIT FERMIT. PAGES 1, AND 2-SHOULD BE THEO-WITHIN THE PERMIT PAGES 1. AND 2-SHOULD BE THEO-WITHIN THE PAGE 1. AND 2-SHOULD BE THEO
	MEDIC ECUTE TI GGE 4 SI FUNER TER DEA

	G#	586 mtb.12/6/83 Ite	DEPARTMENT OF	HEALTH AND MENTAL W	rGIENE 2 2	9 9 4
,		REGISTRAR LA FIRST E OR PRINT)	MEDICAL EXAMIN	VER'S CERTIFICATE OF	OF ESTI- X-X	MONTH DAY YEAR 26. HOUR
IS NECESSARY, PLEASE E-FUNERAL DIRECTOR. E'S FOR YOUR FILES. ED-WITHIN 72 HOURS W. PRESTON STREET,	J. SE	ALC BLACK AT	TH DAY YEAR LAST BIRTH	Graves EARS IF UNDER TYR. IF UNDER 2 ANY MONTHS DAYS HOURS (RS.	MIN PRONOUNCED DEAD	9 12 19 83 M MONTH DAY YEAR 24 HOUR 9 12 19 83 M
AY IS NECESS THE FUNERA PAGE 'S FOR MED WITH	FC	REIGN COUNTRY) TY OR TOWN OF DEATH 11. NA	ITZEN OF WHAT COUNTRY? L S A ME OF HOSPITAL, NURSING HOM NOT IN SUCH FACULTY, GIVE STREET ADDRESS)	MARRIED NEVER MARRIE WIDOWED DIVORCE		del County. MD
ANY DEL	USU/ 13a. S	Annapolis Ar AL RESIDENCE (IF IN MURSING HOME OR OTHER TATE 13b COUNTY	nne Arunde Gene Institution, give residence before admis- 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	CONSTRUCTING CON 130. STREET ADDRESS 49 OLD SOLO	mans stand
IRS AFTER DEATH. IF 3. GIVE PAGES 1, 2, WITH FORM PM 3. I. PAGES 1, AND 2-SI DIVISION OF WALL	160. V	VAS DECEASED EVER IN U.S. ARMED FO	TEVAT GAST RCES? 166. SOCIAL SECURI 217-SO	15. MOTHER'S MAIDEN 17. INFORMANT 8267 Registra	MAME MIDDLE MIDDLE MIDDLE ADDRESS MICHAELE MIDDLE MIDLLE MIDLLE	Almancion 2 sland Rd
N 24 HOL N ITEM 18 ALONG SIT PERMIT TYGIENE, AOVAL.		18 CAUSE OF DEATH (Enter only one or PART I DEATH WAS CAUSED BY: JAMMEDIATE CAUSED Conditions, if ony, which gove rise to immediate	Cardio			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
XECUTED VG" IN PEI	7		DUE TO, OR AS A CONSEQUENCE		1 (a),	
글는 "' 망료의 /	CERTIFICATION	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPE			20 AUTOPSY? YES ✓ NO □
CERTIFICATION THE VOED TO THE	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET) (ENTER NATURE OF INJURY IN ITEM 18 PART	COUNTY STATE
AMINER: THI RTIFICATE, W D BE FORWA RECTOR: PA(VITH THE STAI REYLAND, 215		AT WORK AT WORK 220 I certify that I took to the of the death resulted from Notice of country	bed obove, held on	Autopsy , Inspection cide , Homicide .	. Inquiry . ond in	n my opinian
TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, V BALTIMORE, MA	/	EXAMINER'S NAME Thomas		**Deputy Chie	enn St. Balto,	DATE 9/13/83 Md .
BP 17 DHMH - 17 (VR A15 ME (5))		JRIAL, CREMATION, REMOVAL 236 DATE BEGET A CONTROL SOLD JINERAL DIRECTOR NAME	10, 1983 DITAL	LETEMPLE Com BOLIS 250. DATE RE SEP 2	23d. LOCATION CITY OF TOWN B T S COL	COUNTY STATE ARE SHOW TURE
20M 4/82	17	ICI MICUS	72570124	301	2 2 200	

Canada and Bld Letter to the Destruction of the second seco Charlend Stores Frank Lydin more Almania No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. P

STATE OF MARYLAND

STATE OF MARYLAND

1 -	STATE REGISTRAR	VII ANII	CERTIF	CATE OF DEATH	REG. N	o .			
REG. NO. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOULTNEED TO THE PROPERTY OF THE		HOUR							
(TYPE	Clinto	n W.	G	ray	0	9-1	18-8.	3 7	:54PM
. SEX	4. R	RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YE		NDER 24 HRS
	MALE	White	HINOM 12	- 09 - 15	67	YRS	MONTHS DA	YS HOU	JRS MIN.
a. BI	RTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
D	PELAWARE	4.8.A.	WIDOWE	D DIVORCED	HNNE AR	MUDI	el		MD.
A	MAPOUS	NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET)	OULS	ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST	F WORKING LI	FE INDUST	RY	ALS
	AL RESIDENCE (IF NURSING HOME OR OF	ER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	13. STREET, ADDRESS	ZIP COD	Ro.	211	140
4. FA	THEMS NAME FIRST LINTON MIDE	GRAY		IS. MOTHER'S MAIDEN NA	ME MIDDLE		415	IAST E	2R
	VAS DECEASED EVER IN U.S. ARMED (15 YES, GIVE WA		1397	MARY C	ARE GO	eny	井	¥13	\$
	18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	Y: KONDIN	ato	ry Failu	ire		HET WY	WOR	eco
	Conditions, if any, which	DUE TO, GRAS ACONSEQUE	NCE OF	Jood Car	resid la	ma	1	91	nos
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		0	0	1		
	AND ONLY DESCRIPTION OF THE PARTY OF THE PAR	10)	E A VIII BAAY	NOT RELATED TO THE TERM	This Dissess on Con-	DITIONICE	VEN I IN LOAD	1	
NO	PART 2. OTHER SIGNIFICANT CON	m, Ly hul	Cess.	CA A	VINAL DISEASE OR CON	DITION GI	VEN IN PARI	IIa	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FIN IFYING CAU ES []	SES OF D	
	710. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)U	RY IN ITEM 18	PART I OR PART	2)	
MEDICAL	214 INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F)	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
	220.1 certify that (1) (this hospital) saw the deceased alive on abave, th two) (did) (aid	G118 19	R3_, on	d not in (my) for apinion	death occurred on the d		, 19 ur and from		(I) (wet last es stated
	P26, SIGNATURE TO VC	rtous	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		9-12c. Di	ATE SIGN	·83
	224. PHYSICIAN'S NAME (TYPE OF PR	INT)		22e ADDRESS	10 1			1	

JORT A IN

236. DATE

BP.

retained by the haspital or attending physician

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical exom

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked at Item 18 shaws any

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Funeral Home Ann.

(VR A15 ME (5)) 20M 4/82

THE REAL PROPERTY OF THE PARTY West River at Break Advantage of the Part of the State of the The A. H. Commence of the Party Extended to the first of the fi

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

22991

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
JEROM	E JOHN	GRIMES	SEPTEMBER 10, 1	L983 M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) F UNDE	R I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
MALE	WHITE	AUG.14, 1913	70 YRS.	
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DE	ATH
MARYLAND	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEI	
ID CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION 12b (TYPE OF WORK FOR MOST OF WORKING LIFE) IND	UŞTRYREVERE
GLEN BURNIE	233 CROSS C		INSPECTOR (ret	.) COPPER
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COUR A.	NTY 136 CITY OR TO		130.STREET ADDRESS / ZIP CODE 233 CROSS CREEK	DRIVE
4 FATHER'S NAME FIRST DELBERT	MIDDLE GRIMES	IS MOTHER'S MAIDEN I	MIDDLE JACOI	BS IAST
168 WAS DECEASED EVER IN U.S. AR (YFS. NO OR UNKNOWN) (1F YES. GIV	(E WAR OR DATES)	ECURITY NO. 17 INFORMANT	ADDRESS SA	AME AS #11
18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),	ASTATIC GASTAIC		APPROXIMATE INTERVAL
		TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition given in I	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH?
	HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR	PARI 2)
OR CONTRIBUTING CAUSE OF DE-	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE FARM, ETC.)		UNIY STATE
	ital) attended the deceased fro		on death occurred on the date and hour and f	
274 PHYSICIAN'S NAME ITYPE	und 5	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9 12 83
John Sicians Name Hyper	FETTING	H.D. Tohos	Hopkins Opcolo	XY Ceste
230. BURIAL, CREMATION, REMOVAL BURIAL	235. DATE 2 SEPT/24/83		EM PK. ELKRIDGE R	F.D. MD
24 FUNERAL DIRECTOR	ADDRE ADDRE	25a. [DATE REC'D. BY REGISTRAR'S	SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed "with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner mass be not the process.

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FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

Ι,	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO)		-1	
	ECEASEDNAME	FIRST		MIDDLE	i.	AST	20. DATE OF DEATH		DAY YEAR	2b. HO	UR
(14)	PE OR PRINT)	illiam		B.	Gunt	her, M.D.	September	12, 1	.983	9:0	M AOO
3. SI	EX	4	RACE	17 18	S. DATE C		6. AGE (IN YEARS LAST BIRT		F UNDER I YEAR	_	R 24 HRS
	Male		White		Octo	ber 5,1928	54	YRS.	MONTHS DAYS	HOURS	MIN
	BIRTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTE	RY? 8 MARRIEI	NEVERMARRIED	9 BALTIMORE CITY O				
	ew York		U.S.		WIDOWE		Anne Aruno		- 11		MD
	10 CITY OR TOWN OF DEATH Riva USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE				REET ADDRESS)	OR OTHER INSTITUTION	12% USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Physician 12% USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12% USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12% USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WORK F				IESS OR
USU	JAL RESIDENCE HENUR	SING HOME OF C		GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS				11
	aryland		Arunde:		_	YES NO	1 - Homewo	ood Ro	ad 21	140	
	ATHER'S NAME FIRST	MI	DOLE	LAST		15. MOTHER'S MAIDEN NA/	ME			AST	
_	larence WAS DECEASED EVER	IN II S A PAA	A.	Gunthe His SOCIAL SE		Margaret 17 INFORMANT	ADDRE	SS Addr	Bingh ess Sa		<u> </u>
	(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR D Peacetim		WAR OR DATES)	DATES)		Mrs. L. Caro		13e.			
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS C				TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES	EN IN PART I	INGS USE	
1 =							YES NO K	s 🗆	NO		
	OR CONTRIBUTING CAUSE OF DEATH HOUR			M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED JENTER NATURE OF INJUR	Y IN ITEM 18, P	ART I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE ATWORK ONT WHILE OF ALWORK OF THE ATWORK OF				ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR YOW	N	COUNTY		STATE
	220.1 certify that (II) this haspital avended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19										
	Mus a language				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN Sept. 12,19						
	Thomas A. Bensinger, M.D.					7676 New Hampshire Ave. Langley Park, Md.					
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	2	Ic. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		TATE
L	Buri	al	Sept.1	5,1983	Ft. Lin	coln Cemetery	Brentwood	1 I	G.	Mary	land

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

BY REGISTRAR PROBESTRAR'S SIGNATURE

Smiller, M. a. - Locales and Locales and Locales Secology T 1988 to St. A toll Traditional - E TOTAL Sent busy of - 1 dangers godfurt. enertime pris series was to dream noutles An I'm. at was talked and it is -and, 11,300

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executed within 24 hours after death. Page 4 may be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ALC: N	<i>u</i> .	ц.

REGISTRAR				CERTIFI	CATE OF DEA	111	REG. NO).		1301	
I. DECEASED NAME	FIRST		MIDDLE		AST			MONTH DA		26 HOUR	
[TYPE OR PRINT]	SARAH	ELIZ	ABETH	GURNE	3		SEPTEMBI			1212 AM	
3. SEX		4. RACE		5. DATE O		YEAR	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN.	
Female White					24, 18	95	87 YRS.				
To. BIRTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARI	RIED 🗆	9. BALTIMORE CITY OF COUNTY OF DEATH ANNE ARUNDEL COUNTY				
Virgini:	a	U.S	S.A.	WIDOWE			ANNE A	KUNDEL	COUNT	I MD.	
OLEN BURNIE 11. NAME OF HOSPITAL, NURSING (NORTH ARUNDEL)						126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker					
USUAL RESIDENCE	IF NURSING HOME O		GIVE RESIDENCE BEFORE		124 INSIDECITY I	IAAITS2	13e STREET ADDRESS		31	1:20	
Md.		.A.	Riviera			100	8483 Ft.	Smal.	lwood	Rd.	
14. FATHER'S NAME					15 MOTHER'S MA	IDEN NAM					
Will:	iam	F.	Keves		FIRST	Lucy	MIDDLE		Jenki		
160 WAS DECEASED	EVER IN U.S. A		166 SOCIAL SECU		17. INFORMANT		ADDRE		0.111.2		
NO OR UNKNOW	VN) (IF YES, G	VE WAR OR DATES)	214 50	8607	Clinto	n Gu	rnee same	as 1	3 e	() ·	
18 CAUSE OF	DEATH (Enter o	line for (a), (b), and					BETWEEN	MATE INTERVAL ONSET AND DEATH			
PART 1. DE	PART 1. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				V	121		1/2			
429	>		R AS A CONSEQUE	NCE OF	AP 19 18				5 /2		
Conditions, if	Conditions, if any, which (b)									1	
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying couse lost.										
PART 2 OTHE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
NO											
A STORY ACCIDENT A	PERATION	196 COND	ITION FOR WHICH	OPERATION WAS PERFORMED		200 AUTOPSY? 206. IF YES, WERE FINDINGS					
E		The second					YES NO YES NO			NO	
210 ACCIDENT W	210. ACCIDENT WAS UNDERLYING 21b. TIME			-	21c. HOW INJUR	Y OCCURR	ED LENTER NATURE OF INJUI	Y IN ITEM 18 PAR	T I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEATH		M. MONTH DA								
9	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		P.M. 21e PLACE OF INJURY		19 211 LOCATION						
AA SA SEE	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
	AT WORK AT WORK										
,	22a.1 certify that (1) (this hospital) attended the deceased fram										
abave, (1)	abave, (1) (we) (did) (did not) view the body after death.										
226 STGNATU	ATTENDING MEDICAL STAFF										
	PHYSICIAN DIRECTOR PHYSICIAN										
22d. PHYSICIAI	ME (TYPE			22e ADDRESS	WII	LKENS & PIN	E HEIGH	HTS AV	ENUE		
RAY	RAYMOND D. BAHR, M.D.				BALTIMORE, MARYLAND 21229						
23a. BURIAL, CREMA	TION, REMOVA	L 23b. DATE	23c	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
(SPECIFY) Bu:	rial	9/28	3/83 G1	en H	aven Mei	n Pk	~ ~ ~	rnie	A . A .	Md -	
24 FUNERAL DIRECT	OR .	Balto.					REC'D. BY REGISTRAR		AR'S SHENA	RURE	

BP. DHMH - 16 50M 4/82

George J.

Balto. Md. ADDRESS 21225 Gonce 4001 Ritchie Hgwy

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral after should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hau with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital ar attending physician

medical exom

(VRA 15, 4)

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SEPTEMBER 15. 1983 41717 AV						
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FOR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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han	0	0	9	U

1	REGI	ISTRAR				CERTIF	ICATE OF DEATH	REG. 1	VO				
	DECEASE		FIRST		MIDDLE	L.	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	IR
	TYPE OR PRIN	NT)	REUBE	DI E	Everett	TIA	TY RA YE		SEPT	27	1983	2:30) 3 M
3.	SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY)		DER 1 YEAR	IF UNDER	24 HRS
ı	h.	Male	139	CAU		Oc t	. 15 1912 The	70	YRS	MONTH	S DAYS	HOURS	MIN.
70	BIRTHPL	ACE (STATE OR	FOREIGN	b CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF D			
2	COUNTRY	Minn.	36	USA		WIDOWE		Anne Arun	idel	Coun	ty		MD.
	O. CITY OR	TOWN OF DEA			HOSPITAL, NU		ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		12	b. KIND O	F BUSINE	
	rt.	'eade,	36.	Kinb	rough A	ray Com	m. Yospital	Ret. Mil	itar	y	USGov	J.	
	JSUAL RES 30. STATE	IDENCE (IF NURS	136. COUN		136. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	4		21/	12	
1		yland		Arunde.	Oden		YES NO	580 Rit		ive	8/11	19	
11	L FATHER	S NAME		MODIE .	// LAST		15. MOTHER'S MAIDEN NA	ME MOLE		1	7/ 145	T.	
1	Her	nry	01	e	Hagir	nan	(arolina	5.		2	Tror	nme	
16		ECEASED EVER			The second second	SECURITY NO.	17 MEORMANT	ADDI					
L	Y	es	"WWI	I Korea	468-1	6-5510	Richard Hagma	an 53 Rive	rside	e Dr	. Sev	<i>j</i> erna	Pk.
F	18 C	AUSE OF DEAT	H (Enter onl	y one couse pe							APPROXI	MATE INTER	DEATH
	P	ART I. DEATH W		D BY: E C AUSE (o)	Ca	rcinona	of Prostate				3)	years	ŝ
1		XSD			R AS A CONS	FOUENCE OF							
		ditions, if ony		(b)									
1		re rise to impose (o), stotu		DUETO	PAS A CONS	EQUENCE OF			0			40.0	
	unde	erlying couse	lost.	(6)	A A CONS	EOOFIACE OI							
1		2. OTHER SIGN	NIFICANTO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COI	NOITION	GIVENIN	PART 10	01	7776
	CERTIFICATION 180 D												
	190 D	ATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?				OF DEAT	
								YES NO		YES 🗌	CAGGEG	NO [
	21a. /	ACCIDENT WAS UN		110110 4		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM	18 PART I C	RPART 2)		
1	OR CO	ONTRIBUTING		In .	.M.	19							
	ORCO (IF E	NJURY OCCUR	RED		OF INJURY	TENER FARM STEEL	211. LOCATION	CITY OR I	OWN		OUNTY	S	STATE
1	X WHIL		HILE D	(AT HOME ST	REET, PACTORY, OF	FFICE, FARM, ETC.)	J. Contract						
1	22a.	certify that (I)	(this hospit	ol) ottended th	he deceased fo	rom 26 Se	nt 19 93	, to 27 Sar	1	19	83	that (I) (v	we) lost
I		now the decease	ed alive on	view the hads	ofter death	.19, or	nd that in (my) (our) opinion	deoth occurred on the	date and I	hour and	from the	couses sto	oted
		SIGNATUR	1/1/2	/ // // //	1 /		DEGREE				22c DATE	SIGNED	
Т	6.0	/	wall	unde	10	M D	ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN		27 5	Sept	33
1	22d. P	HYSICIAN'S N.	AME (TYPE OF	PRINT)			22e. ADDRESS				F	B. Ma	eade.
		Henry S	Saunde	rs, CPT	r, MC		Kimbrough A	rny Communi	ty H	ospi	tal,	laryl	land'
2		L, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
1	(SPECIFY			9-30-	83	Arlingto	n National	Arlingto	n	COL	NTY TT	2	TATE
2	4 FUNERA	AL DIRECTOR			1970			TE REC'D. BY REGISTRA		TRAR'S	SIGNAT	URE	0 1
	N	Hardest	y Fune	eral Ho	me ADDI	Annapol	is. Md.	OCT 3 198	E	blu	~ %	Coh	M

Annapolis, Md.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and cor should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or attending physician.

injury, or other troumotic event, the medi

MPORTANT: If them 21 is morked or them 18 shows ony

"Hardesty Funeral Home

executed within 24 hours offer

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the haspital ar attending physician.

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

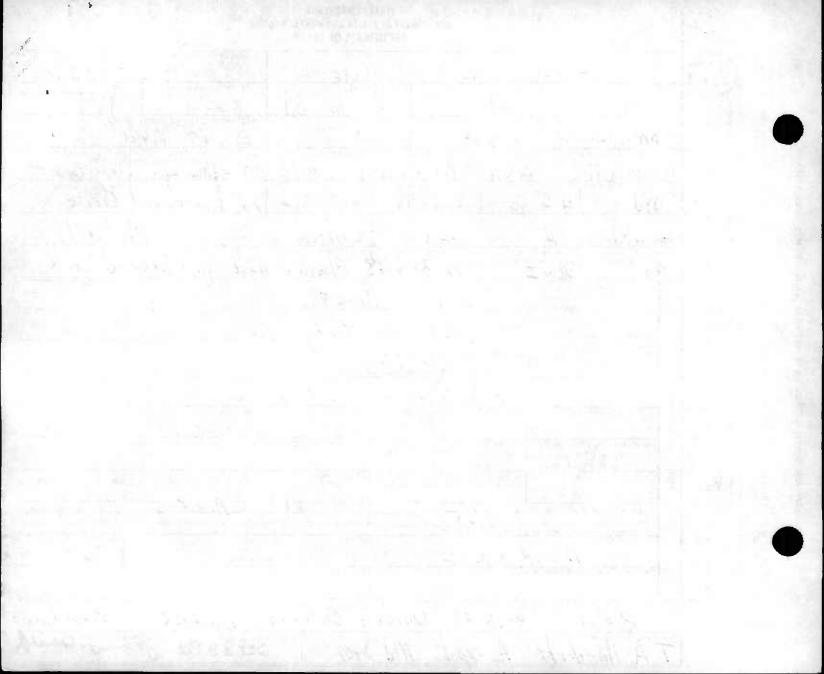
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 having the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. N	
T DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
	OFFINITY		11 - 1 -	Ed. DAILE OF BEATT	0
	Jaco		Hale		9 25 8311:20
3. 5E)	×	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 H
	m	11)	MONTH DAY YEAR	1 82	YRS.
7a BI	RTHPLACE (STATE OR FOREIGN	Th. CITIZEN OF WHAT COUNTE			R COUNTY OF DEATH
120	CQUNIRY)	II C A	MARRIED NEVER MARRIED		A 1-44
re	MNSYTUANIA	U. 5 H	WILL DIVORCED	BUNK	Hrundel
0. CI	TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION		
A	NNapoliS AL RESIDENICE (IF NURSING HOME OR	ANNE AF	undel Gen	OFFICE MAN	AYER INDUSTRY GOV +
13a. S	STATE 13b COPY	TY A 13t CITY OR TO			ewood Circle
11	ATHER'S NAME FIRST WAR	AIDDLE HAST	15. MOTHER'S MAIDEN	MIDDLE	Mc CAST//
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SI	ECURITY NO. 17. INFORMANT	ADDRE	SSI
. ()		WAR OR DATES)	38-6268 Florence	e Hale 165	I Verwood Circle
	18 CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b),	, and (ci.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUSED	BY: / AA A.	/ -		
	IMMEDIAT	E CAUSE (o)			
	7272	DUE TO, OR AS A CONSE		11	
	Canditions, if any, which	(16) 1/0x11	licely teeped	L18	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OHENCE OF	1	
	underlying cause last.	(c)	SCHO		
7	PART 2. OTHER SIGNIFICANT C		TO DEATH BUT NOT RELATED TO THE	PERMINAL DISEASE OR CON	DITION GIVEN IN PART To
ō			ICH OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED
ATION	190 DATE OF OPERATION	19h CONDITION FOR WH			
FICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	TO TENTION THAT EN ONNED		IN CERTIFYING CAUSES OF DEATH?
RTIFICATION				YES NO	YES NO
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OC		YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OC	YES NO	YES NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	YES NO	YES NO RY IN ITEM 18 PART I OR PART 2)
MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 216. HOW INJURY OC	YES NO	YES NO RY IN ITEM 18 PART I OR PART 2)
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 216. HOW INJURY OC	YES NO CURRED (ENTER NATURE OF INJU	YES NO RY IN ITEM 18 PART I OR PART 2)
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFI	DAY YEAR 19 216. HOW INJURY OC 19 216. LOCATION STREET	YES NO CURRED (ENTER NATURE OF INJU	YES NO RY IN ITEM 18 PART I OR PART 2)
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospit saw the deceased alive on.	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI	DAY YEAR 19 216. HOW INJURY OC 19 216. LOCATION STREET 217 31, 19	VES NO CURRED (ENTERNATURE OF INJU	YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 220-1 certify that (1) (this hospit saw the decessed alive on, obove, (1) (we) (did) (did-not obove, (1) (we) (did) (did) (did-not obove, (1) (we) (did) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI	DAY YEAR 19 10E, FARM, ETC.) 21f. LOCATION STREET 27f. HOW INJURY OC	VES NO CURRED (ENTERNATURE OF INJU	YES NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE Those and hour and from the causes stated
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospit saw the deceased alive on.	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI	DAY YEAR 19 10E, FARM, ETC.) 21f. LOCATION STREET 27f. HOW INJURY OC	CURRED (ENTERNATURE OF INJU	YES NO RY IN ITEM 18 PART 1 OR PART 2) WAN COUNTY STATE , 19 , that (1) (we) are and hour and from the causes stated are also
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. Leertify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (die-not 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI al) ottended the deceased fro	DAY YEAR 19 216. HOW INJURY OC 19 216. LOCATION STREET 30 9 , and that in (my) (oot) api DEGREE ATTENDIN	CURRED (ENTERNATURE OF INJU	YES NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE , 19 , that (I) (we) are and hour and from the causes stated 22c. DATE SIGNED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 220-1 certify that (1) (this hospit saw the decessed alive on, obove, (1) (we) (did) (did-not obove, (1) (we) (did) (did) (did-not obove, (1) (we) (did) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI al) ottended the deceased fro	DAY YEAR 19 216. HOW INJURY OC 19 216. LOCATION STREET 30 9 , and that in (my) (oot) api DEGREE ATTENDIN	CURRED (ENTERNATURE OF INJU	YES NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE , 19 , that (I) (we) are and hour and from the causes stated 22c. DATE SIGNED
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. Leertify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (die-not 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI al) ottended the deceased fro	DAY YEAR 19 21f. HOW INJURY OC STREET 21f. LOCATION STREET 9, and that in (my) (oor) opi DEGREE ATTENDIN PHYSICIA	CURRED (ENTERNATURE OF INJU	YES NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE , 19 , that (I) (we) are and hour and from the causes stated 22c. DATE SIGNED
MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (diefnot 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF) ai) ottended the deceased fro	DAY YEAR 19 10E, FARM, ETC.) 211. LOCATION STREET 219 211. LOCATION STREET 219 211. LOCATION STREET 219 219 219 210. HOW INJURY OC	VES NO CURRED (ENTER NATURE OF INJUING OF IN	YES NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE , 19 , that (I) (we) are and hour and from the causes stated 22c. DATE SIGNED
WEDICAL WEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. Leertify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (die-not 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF) 21b. TIME OF INJURY (AT HOME STREET, FACTORY, OFF) 21b. TIME OF INJURY (AT HOME STREET, FACTORY, OFF) AT THE CONTROL OF INJURY (AT HOME STREET, FACTORY, OFF) 21b. TIME OF INJURY (AT HOW A.M. MONTH PRINT)	DAY YEAR 19 216. HOW INJURY OC 19 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219 216. ADDRESS 220. ADDRESS 236. NAME OF CEMETERY OR CREMATO	CURRED (ENTER NATURE OF INJU CITY OR TO A DIRECTOR PHYSIC PRY 23d LOCATION GUY OR TOWN	YES NO RY IN ITEM 18 PART 1 OR PART 2) WAN COUNTY STATE The and hour and from the causes stated and hour and from the causes stated are also are
WEDICAL WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspit say the deceased alive on, above, (I) (we) (did) (did-not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF) BURIAL, CREMATION, REMOVAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF) 21b. TIME OF INJURY (AT HOME STREET, FACTORY, OFF) 21b. TIME OF INJURY (AT HOME STREET, FACTORY, OFF) AT THE CONTROL OF INJURY (AT HOME STREET, FACTORY, OFF) 21b. TIME OF INJURY (AT HOW A.M. MONTH PRINT)	DAY YEAR 19 211. LOCATION STREET DM 3 19 9 , and that in (my) (oot) opi DEGREE ATTENDIN PHYSICIA 220. ADDRESS 231. NAME OF CEMETERY OF CREMATO UM DIEM CEMETERY LEME TO COMPLETE ATTENDIN PHYSICIA COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE ATTENDIN PHYSICIA COMPLETE CO	CURRED (ENTER NATURE OF INJUING O	YES NO RY IN ITEM 18 PART 1 OR PART 2) WAN COUNTY STATE The and hour and from the causes stated and hour and from the causes stated are also are

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n 72 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel should be detached for use as the burial-transit permit. Then please remove carbonpopers-Pages Tand 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

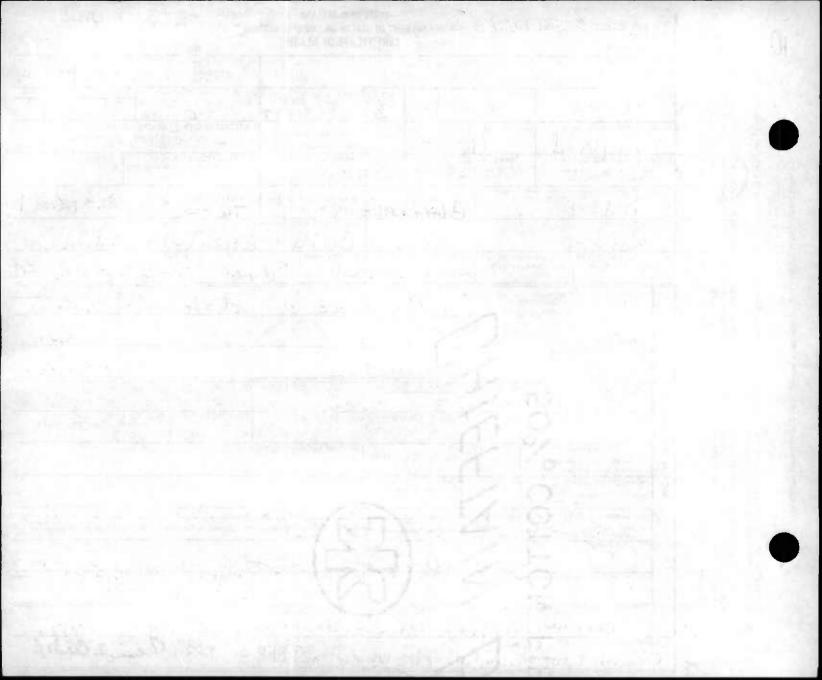
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician.

BP______ DHMH - 16 50M 4/82 (VRA 15, 4)

executed within 24 hours affer death. Page 4 may be

	REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	EDT
	CEASED NAME E OR PRINT)	FIRST MARITON	IOLA	HALL	SEPTEMBER 07,	1983 1245 A
3. SE	* Female	4. RAC	Black	5. DATE OF BIRTH MONTH DAY TEAR TO 184	0-1	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7b. CIT	IZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED NOTED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL	
10. C	GLEN BURN	(1)	ARUND	RSING HOME OR OTHER INSTITUTION TREET ADDRESS PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OF INDUSTRY
	AL RESIDENCE (IF NURS	13b. COUNTY	INSTITUTION, GIVE RESIDENCE BILLIAN OR T		130. STREET ADDRESS Spen	ncer Road
14. FA	Rather's NAME Raber	MIDDLE	RIAST	hards Clara	Elizabeth.	Johnson
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED F	OR DATES)	- 111011'11 S	gencer 7623	Spencer Re
	18. CAUSE OF DEAT PART I. DEATH W	H (Enter only one /AS CAUSED 8Y: IMMEDIATE CAU	couse per line for (a), (b)	Cardiac @	rect-Recovered	BETWEEN ONSET AND DEATH
	Conditions, if only	D ; which (UE TO, OR AS A CONSE	EQUENCE OF A		3 days
	gave rise to im- cause (a), statii underlying cause	ng the D	UE TO, OR AS A CONSE	EQUENCES OF CUD		10 years
NO	PART 2. OTHER SIG	NIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVE	N IN PART 110
CERTIFICATION	190 DATE OF OPERA	TION	9b. CONDITION FOR WH	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH	IB. TIME OF INJURY HOUR A.M. MONTH P.M.		URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRT (OR PART 2)
MEDICAL	21d. INJURY OCCUR	HILE []	IO. PLACE OF INJURY AT HOME STREET, FACTORY, OFF	FICE, FARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
19			the body ofter death.		on death accurred on the date and hour	9 , that ((we) las
	27b. SIGNATURE) (0	Lelav	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	S Z F
	224 PHYSICIAN'S N	AME (TYPE OF PRINT)		77e ADDRESS	845 UARTOOP ROAD S	UITE 2200
	22.17710101311011			GLEN BU	RNIE, MARYLAND 21	061



TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/1 (VRA 15, 4)

	Items 13a-e per 1- STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	003
densh 3	1. DECEASED NAME FIRST (TYPE OR PRINT) Baby Bo	14 /4/1/	LAŜT	26 DATE OF DEATH MONTH	12 - 83 1:53AM
(D)	3. SEX	Cauc.	5. DATE OF BIRTH MONIH DAY YEAR 12 83	6. AGE (IN YEARS LAST BIRTHDAY)	
130	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arun	del MO.
and the second	Annapolis, md	Anne Arunder	General Hospital	TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
and blue of the state of the st	13a STATE Md. 13b COL	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTO PLANTS OF THE P. G HARDEN	YES NO NO	13e STREET ADDRESS	20716 Central Ave.
ompletely ond 2 sl examine	14 FATHER'S NAME ROY	Brews+	1000.701	MIDDLE	e Hill
Poges 1	160 WAS DÉCEARED EVER IN U.S. A (YES, NO GRUNKNOWN) (IF YES, C	RMED FORCES? 16b. SOCIAL SECURIVE WAR OR DATES)	17416 Centra	ADDRESS MITCHELL	ville 140 20716
signed by the attending I hen please remove corbor to burial, crematian. ar rer njury, ar ather traumatic ev	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c) CONDITIONS CONTRIBUTING TO D	NCE OF	LINAL DISEASE OR CONDITION	GIVEN IN PART Tra
t permit.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
entificate ial-transit intal Hygie tem 18 she	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
s the bur ond Me rked or It	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR. Affor use a of Health	saw the deceased alive o	pital) attended the deceased fram	3 and that in (my) (aur) apinian	death accurred an the date and	haur and fram the causes stated
RAL DIRECTOR detached for u state Dept of He NT: If them 21 is	226. SIGNATURE Lean 22d. PHYSICIAN'S NAME (179)	- I Woon UNK	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 87 12/83
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	23a BURIAL, CREMATION, REMOVA	1. 16 00 /	Les tulen PART	BA Timuse	COUNTY MOSTATE
16 50M 4/82 A 15, 4)	24 FUNERAL DIRECTOR HAS	edesty france	Alis Mosiry OC	T 1 9 1983	Lu & Columbia

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MARYLAND 21201		
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40	V	STATE REGISTRAR			IFICATE OF DEA		REG. NO	0.	EDT
-		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH		YEAR 25 HOUR
3 75	(TYP	JOHN	W	HOUGH	TLING	JR	SEPTEMBER	25, 19	83 d205 AM _M
	3. SE		4. RACE	5. DATE	OF BIRTH	YEAR	AGE (IN YEARS LAST BIRT	THDAY) IF UN	DER I YEAR IF UNDER 24 HRS
	1	MALE	WHITE	Ma	y 25, 19	938	45	YRS	
F 70 501		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8.	IED X NEVER MAR	RIED -	9. BALTIMORE CITY O	_	
dear Z		aryland	U.S.A.	WIDO	VED DIVOR	RCED 🗌	ANNE ARI		
by the tune filled within hatified at		GLEN BURNIE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV NORTH ARUND	EL HOSP	ITAL	TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE)	26. KIND OF BUSINESS OR NOUSTRY G & E
filled in by the nould be filled in the fill	USL 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COURT A. A		E BEFORE ADMISSION R TOWN OVER		LIMITS?	Box 12 B	German	n Drive
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ample ond		John	W. Hought		r Mar				tgomery
n and ca Pages 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIA	L SECURITY NO	17. INFORMANT		ADDRE	SS	
e a co	L	Yes Navy	1955-59 212	34 20	30 Carol:	ine H	loughtling	g same	as 13 e
nysical poper aper nt, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), D BY:	(b), and (c)	MONARY	1 60	DEST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertifi pa ph remo			TE CAUSE (0)CAR	norus	MUNEY	744	4 3/		1 HOUR
death control		Conditions, if ony, which	DUE TO, OR AS A COM	ACTE	REMIC	<	SHOCK		24 hrs
by the a ase rema I, cremati ather tro		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COM	ISEQUENCE OF	EMIA	1			48 hours
equires the signed Then plear to burial injury, ar	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION		JT NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN I	N PART Iro
ow runt.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERAL	ION WAS PERFORM	ED	20a AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH?
The later has nest per shaws shaws	RIFIE	9-24-83	- SPLE	VIC 11	7-ARCT		YES NO	YES [NO 🗍
Z & COT 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	116. TIME OF INJURY	TH DAY YEA		RY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)
S IC	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19					
NG PHY offer this as the but th and M	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY STATE
NDIP SI OF OF A		22a.1 certify that (1) (this hasp	1 -	47 4 17 70	72	19 83	_, 10 9-2	, 19_4	, that (I) (we) lost
ATTE Sprito CTO I for of h		sow the deceased alive on above, (I) (we) (did) (did no	it) view the body ofter death	19.8 >		ir) opinion de	eath occurred on the de	ote and hour and	d from the couses stated
OR / DOIRE Ocheo Dept		27b. SIGNATURE		01	DEGREE ATTE	NDING _	MEDICAL STAF	FF	274. DATE SIGNED
	-	1 mesun	0.00	dus	e all phy	SICIAN 🕒	DIRECTOR PHYSIC	IAN	4.25-83
O HOSPITAL efained by th TO FUNERAL should be det with the State	12	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		220 AODRESS		HOSPITAL D		ЛТЕ 30
TO HOSP retained TO FUNE should be with the MPORTA	-	ANTONIO O. G		Tan			F. MARYLAN	D 21061	
BP		SPECIFY BURIAL REMOVAL	Sept. 28, '83		Hill Cem.				Co., Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)		eorge J. Gonce,	4001 Ritchie	Hg.,Bal	timore,Md.		REC'D. BY REGISTRAR	25h REGISTRAR	S SIGNATURE

SHOULD BE ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED.		Miner			
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After this certificate has

FUNERAL DIRECTOR:

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BP

injury, or other troumatic event, the

urial, cremation,

should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

1 - STATE HEGISTRAR			DEPARTA		HEALTH AND MENTAL HYG	TIENE	REG. NO			
I. DECEASED NAME (TYPE OR PRINT)	HUB	egtha	MIDDLE	BE	RHubble	20. DATE OF	9:	28	83	5A M
Female		4 RACE Whit	e	5. DATE O	H DAY YEAR	6. AGE (INYE		YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
76. BIRTHPLACE (STATE COUNTRY) West Virg 16. CITY OR TOWN OF Glen Burn	inia DEATH	US.		WIDOWE G HOME C ADDRESS]	OR OTHER INSTITUTION	12a. USUAL C	Arun	del Co	ounty	MD. DF BUSINESS OR
USUAL RESIDENCE (# 130 STATE Maryland 14 FATHER'S NAME	13b COU	NTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Glen Bur	N	13d INSIDE CITY LIMITS? YES NO (X) 15. MOTHER'S MAIDEN NA.	13. STREET A		ircle		21061
N/A		MIDDLE	Saddle	r	Lilly		WIDDLE	Sign P	N/A	
160 WAS DECEASED E (YES, NO OR UNKNOWN		RMED FORCES?	16b SOCIAL SECU	RITY NO.	Robert R. Hu	ıbble,	Same			Marti
	IMMEDIA ony, which immediate tating the	ED BY: ATE CAUSE (a) DUE TO, O (b)	line farta), (b), and Acuta R AS A CONSEQUE	E P	ULMONARY	EmB	, L151	n	APPROX BETWEEN	WATE INTERVAL OMSET AND DEATH
PART 2. OTHER :					NOT RELATED TO THE TERM	NINAL DISEASE		20b. IF YES,	WERE FINDI	NGS USED
210. ACCIDENT WA	SUNDERLYING I	21b. TIME C	IF IN HIPY		21c. HOW INJURY OCCUR	YES -	NO OF INJURE	YES		NO [
OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	THE TOWN INJOKT OCCUR	(ENTERNAL	THE OF INJUR	TIN TEM IN PA	RET ORPAKEZ)	

MEDIC 21d. INJURY OCCURRED 22a.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an

22b. SIGNATURE

Burial

abave, (1) (we) (did) (did not) view the bady after death

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

211. LOCATION

ATTENDING MEDICAL STAFF

PHYSICIAN 22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

COURT RP.

CITY OR TOWN

in (my) (aur) apinian death accurred an the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL

23b. DATE

Oct 1983

23c NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.

22e ADDRES

Bluefield

Mercer

COUNTY

DHMH - 16 50M 4/B2

24 FUNERAL DIRECTOR (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD

9 1983 John & Cohi

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FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE
ECEASED NAME	FIRST	MIDDLE	LAST	2a. DA
PE OR PRINT)				

0 3 0

Ι,	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		ED	Γ
	PECEASED NAME FIRST	A	AIDDLE		IAST		MONTH DA	Y YEAR	26. HOU	R
1	JOHN	W	ILLIAM H	UDNAL	L JR	SEPTEMBE	R 13.	1983	730	AM
1.5		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR			IF UNDER	24 HRS
	Male	White	е	Jan		82	YRS.	DATS	HOURS	M IN.
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	FDEATH		
V	irginia	U.S	.A.	WIDOW		ANNE AR	UNDEL	COUNTY		MD.
10	CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b. KIND OF INDUSTRY	BUSINE	SS OR
	GLEN BURNIE	NORTH	ARUNDEL	HOSPI	TAL	Welder		B.G.	&	E.
U5 130	UAL RESIDENCE (IF NURSING HOME STATE 13b. CO		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21 061	1	-	- \
	22002		Glen Bu		YES NO X	106 Firs	t Ave	. (Fer	nda	ile)
jik.	FATHER'S MAME	, MIDDLE			15. MOTHER'S MAIDEN NAM			TF LASL		
1	John W	illiam	Huđna1		• Annie	Be1		Kušė		
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECU		17. INFORMANT -W11	Ee- ADDRE	\$\$1787	Seve	rn	24
L		/A	212.05.	1252	Mrs. Margai	ret E. Hu	unaii,	Chape	110	i a
Г	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly one cause per	line for (a), (b), one	d result				APPROXIM BETWEEN OF	NATE INTER	DEATH
	PART I. DEATH WAS CAU									
1	40/7	****	men							
	7860	DUE TO, OF	R AS A CONSEQUE	NCE OF						
	Conditions, if any, which gave rise to immediate	(b)	-	_				+		
1	couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
1	underlying couse last.	(c)								
1.		CONDITIONS CO	INTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	N IN PART 110	1	
CERTIFICATION								L. D.		
13	198 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V	WERE FINDING	GS USED	H?
1 5						YES NO	YES	_	NO [
78	THE ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)		
13	OR CONTRIBUTING CAUSE OF S	and the same of th		19						
MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR TO	narh I	COUNTY		TATE
18	WHEE C SOFTWALE C	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITTORIC	WN	COUNTY	3	IAIL
13	22a.1 certify that (I) (this hos	nital) attended the	e deceased from	10	nd 11 10	10 JEN	13 10	0) 1	hat il iv	we) lost
14	sow the deceased alive above (1), 2 we) (did) (did			P3,0	nd that in (my) (our) opinion d	eath occurred on the d	ote and hour c	and from the c		
14	above (I) w() (did) (did	nat) view the bady	after death.	1	DEGREE			22 DATES	IGNED	
		15	71	11.		MEDICAL STA	FF _	6.4	13	10
4	224 PHYSICIAN SHAME IN	-	Y	VK	144 1555644			+ M.	17	110
13	HE PHIOLOGY STEELS	Contained			7845	OAKWOOD R	OAD, SI	UITE 20)4	1
-		WU. M.D.			CLEN BURNI	E MARYLAN	D 2106	1		
236	BURIAL CREMATION, REMOVA		CATALON TO THE		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	7 24	741E
L	Burial	16'Ser	ot.83Mea	down	idge Mem.Pk	. Elkric	_).
24.	FUNERAL DIRECTOR	VVAN PT	ADDRESS			REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATU	P .	. 11
	Singleton F	uneral	Home	MD	21 061 SF	P 4 5 1083	John	work l	shu	4/

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

ATTENDING PHYSICIAN, The

Singleton Funeral Home

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TRAS GARGOOD POAD, SUITE 204 CLEN IVENIE, LARYLAND 23061

CARTER T' MP' N'O'

The state of the safety and have all have a

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

injury, or other troumotic ment.

MPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND	36
DEPARTMENT OF HEALTH AND MENTAL HYGHNE	-
CERTIFICATE OF DEATH	

2 3 0 0 7

1	FOR STATE REGISTRAR		D		EALTH AND MENTAL HY ICATE OF DEATH	GHNE REG. N	0.	EDT
	CEASED NAME E OR PRINT)	AULINE	L		HUDSON	SEPTEMBI	R 30, 1983	709 AM
3. SE	Female	4. RAC	White	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
2	Maryland		USA	MARRIE		ANNE A		MD.
,	GLEN BURNI	E / N	ORTH ARUN	DEL HOSPI	TAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Telephone	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
130.	Maryland	134 COUNTY	13c_CITY		134 INSIDE CITY LIMITS?		ksley Avenu	e 21230
14. F.	Lee	MIDDLE T.		lest	15. MOTHER'S MAÎDEN N FIRST	MIDDLE		AST
1	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FO	R DATES)	22-0531	Anna Lee Di	11, 39 Colon	PH	
	PART I. DEATH W 4 4 1 C Conditions, if any, gove rise to imm cause (a), stofin underlying couse	Which nediate g the last.	SE (a)UE TO, OR AS A CO (b)UE TO, OR AS A CO	DINSEQUENCE OF	failes or c	oronay he	en de la	XXIMATE INTERVAL
ERTIFICATION	19a DATE OF OPERAT	TION 19	b. CONDITION FOR		NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
C	OR CONTRIBUTING		D. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	THE HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	

190 DATE OF OPERATION	196. CONDITION FOR WHICH C	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE F				
Company of the same				YES 🗌	NO	YES [NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY		216 HOW INJURY OCCURRE	D (ENTER N.	ATURE OF INJUR	RY IN ITEM 18 PART 1 OR PA	ART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI		21f. LOCATION STREET		CITY OR TO	WN COUN	ATY STATE

22a. certify that (I) (this hospital)	ottended the deceosed from		5, to	, 19, that (I) (we) I
saw the deceased alive on abave, (l) (we) (did) (did nat) via	ew the body ofter death.	23_, and that in (my) (aur) apir	nian death accurred on the date and	haur and Irom the causes stated
77h SIGNATURE		DEGREE		22 DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

21090 SACIT EREN, M.D. Security Process Crem Catonsville

256. DATE REC'D. BY REGISTRAR 2.

157. MD

158. DATE REC'D. BY REGISTRAR 2.

159. DATE REC'D. BY REGISTRAR 2.

159. MD 23b. DATE

23a. BURIAL, CREMATION, REMOVAL
(SPECIFY)
Cremation
24. FUNERAL DIRECTOR Oct 1983

tonsville Balti.

James S. Kirkley, Glen Burnie, MD

DHMH - 16 50M 4/82 (VRA 15, 4)

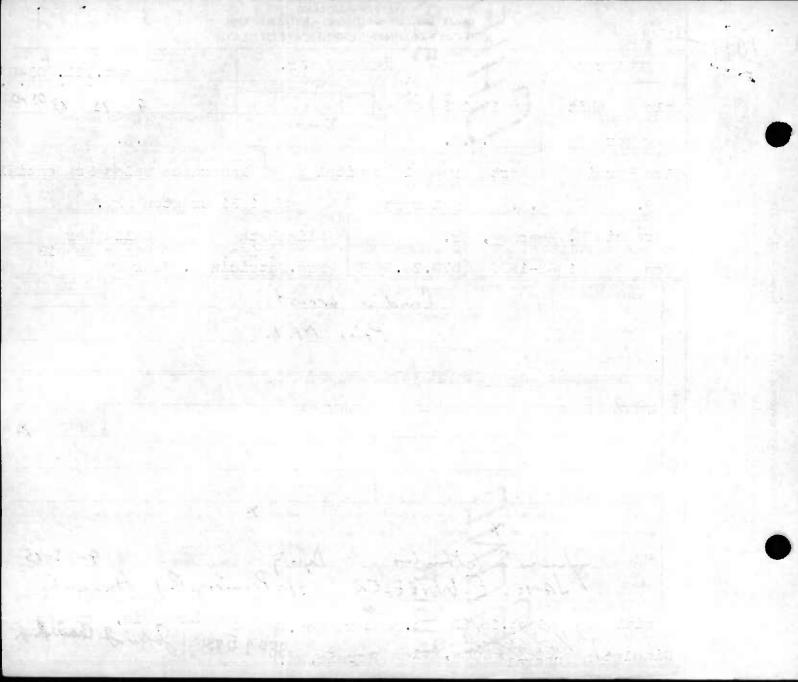
TO FUNETAL DIRECTOR: After this certificate has been signed by the ottending in the classer remove corboi with the stracked for use as the busial-transit permit. Then please remove corboi with the strate Dept. of Health and Mental Hygiene prior to burial, cremation, or res

etoined by the hospital or ottending physician

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the furshould be detached for use as the burial-tronsit permit. Then please remove corban-papers. Pages 1 and 2 should be filled within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medic

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

FOR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

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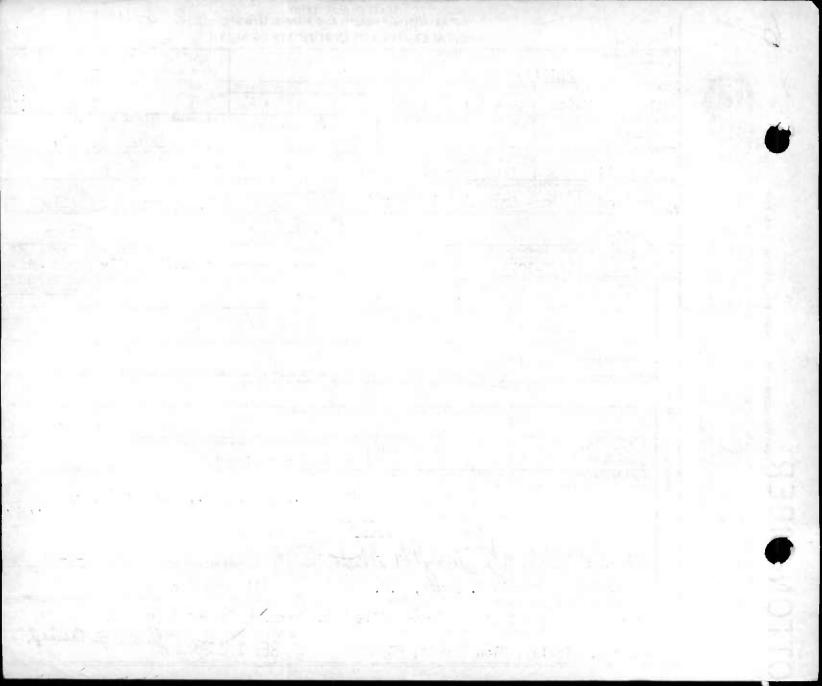
1.	STATE REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. 1	10				
	CEASED NAME	FIRST	M	IDDLE	L.	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR 🚽
,	LEC	SNO	<		KIN	JTRERGE	5		9	4	23	10:	:O/PM
3. SE	X		4. RACE			F BIRTH		6. AGE (IN YEARS LAST B	RTHDAY	MONTHS	DER 1 YEAR	IF UNDER	R 24 HRS
	MALE		WHITE		APRI	L 24,	ሽ 91	73	YRS			NOOKS .	ANII A
	RTHPLACE (STATE ORFO	OREIGN	76. CITIZEN OF V	VHAT COUNTRY	? 8	XXNEVER MARR	UED [PALTIMORE CITY	OR COUN	TY OF D	EATH		
	OHIO		U.S.A	A .	WIDOWE			HAINE HE	CLUS	2_			MD.
IA C	TY OR TOWN OF DEA	тн				R OTHER INSTITUT	ION	12a. USUAL OCCUPA	TION	128	L KINDO	F BUSIN	ESS OR
11	INI Apolis		AINE A	PALADE	Journ	cal Hasc		TYPE OF WORK FOR MOST	OF WORKING		DUSTRY MILI	CTAR	Y
USU.	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	READMISSION)			12 STREET ADDRESS				n- 00	0.1
	RYLAND		A.A.	ANNAPO		13d. INSIDE CITY LI YES X NO		130. STREET ADDRESS		ST.	2	111	2/
-	THER'S NAME				210	15. MOTHER'S MAI		\E		01.			
	HENRY	,	AIDDLE	CINTBER	GER	TILLI	E	WIDDLE		FR	IEDN	A A N	
160. V	VAS DECEASED EVER I	N U.S. AR/		166 SOCIAL SEC		17. INFORMANT		ADD	RESS				
- (YES, NO OR UNKNOWN)	1 0 2 2	B - 1959	212-38	8-8004	DORA L	. KT	NTBERGER	ANN	APO	LTS.	. MD)
-						DOMN B	123	NIBBROBE	111111	1110		DIATE BUTE	
	PART I DEATH W	AS CAUSED	5 BY	Carde	P.	Kentary	a.	Nest.			BC WEEK	SHOET AND	DEATH
	HILLO	MMEDIAT	E CAUSE (III)	Carina	0-100	peratury	1	0					_
	7170	1000	DUE TO, OR	AS A CONSEQU	JENCE OF		1	Note)			41	W.	
	Canditions, if any,		(6) 5	X4 CURIN	100	arolund	mo	The very		-	15		_
	cause (a), stating underlying cause	last.	DUE TO, OR	AS A CONSECU	JENCE OF	A. 0	4	Link			4,	MA.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTY OF												
NO	PART 2. OTHER SIGN	IIFICANTO	ONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO T	NAL DISEASE OR CO	NDITION C	SIVEN IN	PART	D.		
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICE	H OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?	? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
IFF								YES TO NOT	IN CER	YES	CAUSES	NO [_
SER	21a. ACCIDENT WAS UND	ERLYING _	21b. TIME OF			21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF IN.	JURY IN ITEM I	18 PART I O	OR PART 7)		
	OR CONTRIBUTING C		111		DAY YEAR								
MEDICAL	21d INJURY OCCURR		21e PLACE C		17	211 LOCATION					OUNTY		
M	WHILE NOT WH	KE 🗆	(AT HOME, STRI	EET, FACTORY, OFFICE	, FARM, ETC)	STREET		CITY OR 1	OWN	C	OUNIY		STATE
	220.1 certify that (I)		al) attended the	decented from		15	9	to	_	19.		that (I) ((we) lost
	saw the decease	d alive on		19_				leath accurred an the	date and h				
	22b. SIGNATURE	id vdid na) view the bady	after death.		DEGREE		/			22c. DATE		
	THE STOTIATION	2	0	1.4	1	ATTEN	NDING _	MEDICAL ST	AFF _		0/	1/~	
	22d. PHY JUAN JAA	ME TYPE O	000001	401 10	mix	1220 ADDRESS	ICIAN	DIRECTOR PHYS	ICIAN		7/7	/ X-	5
	RABOU	A	N	12001		122100		· 000.5	2	1111	InD	11	11
	CAIRRY	1		NSON		101 CH	146	123d LOCATION	to f	1/1/	IHP.	VV	· VI
	BURIAL, CREMATION, I		NAME DATE			EMETERY OR CREM		CITY OR TOWN		cou	INTY		STATE
24 5	BURIA	L	9/6/83	3 KN	IESETH	H ISRAEL				A. A	e CICNIA		1D
	UNERAL DIRECTOR			ADDRESS			SF	P 7 1983		La.	SIGNAL	Cale	ul !
HA	RDESTY F	UNER	AL HOMI	E ANNA	POLIS	S. MD		1 1300	10		-0		77

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etained by the hospital or attending physician.

1,	FOR		DE	STAT		ARYLAND AND MENTAL	YGIENE	2 3	0	1	1	
1.	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	REG. N	0.			
	PE OR PRINT	FIRST		MIDDLE		AST	2a. DAT		HTMOM	DAY	YEAR	2b. HOUR
	PE OR PRINTI	Phill	ip .		KI	uga		H MATED	9	7	1983	^
3. SE	X 4. RA		5. DATE OF BIRTH	6. AGE (IN YEA YEAR LAST BIRTHDA	RS IF UN	DER 1 YR. IF UNDER		TE	MONTH	DAY	YEAR	2d HOUR
		Mhite	Sept 3,19	149 34 YR		S DAYS HOURS	DE		9	7	1983	7:30 a. N
7a. 8	OREIGN COUNTRY)	R	76. CITIZEN OF WHA		8. MARRIE	D NEVER MARRIE	D 9. BALT	IMORE CITY	OR COUNT	Y OF I	DEATH	141
	Maryland		USA	\	WIDOW	ED DIVORCE		ne Arui		Cour	nty,	MD
10 0	ITY OR TOWN OF D	EATH		TAL, NURSING HOME,	, OR OTHE	R INSTITUTION	12a USUAL OCC	UPATION (TYPE)	PE OF WORK	12b KII	ND OF BUSER INDUSTR	SINESS
	Annapolis			undel Gener		ospital	Salesm	an				23.5
13a.	STATE	13b. COUNT	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO		13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS				
	Maryland	Ann	e Arundel	Glen Burn	1e	YES NO 🚺	101 5.	Charte	er Rd		210	61
)4. F	ATHER'S NAME FIRST		WIDDIE	LAST		15. MOTHER'S MAIDER	NAME	WIDDIE		_	LAST	
	Felix			Kluga		Elizabet	th				oster	
160.	WAS DECEASED EVE YES, NO, OR UNKNOWN)	(IF YES, GIVE Y	VAR OR DATES)	166. SOCIAL SECURITY		17. INFORMANT		ADDRESS	Seve	rna	Park	, MD
	Yes	1967-	·	219-50-49	05	Jeanne Art	thur Klu	ga,419	HOIL			
	18 CAUSE OF DEATH	ATH (Enter only	y one couse per line fo							BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
	0		E CAUSE (o)	unshot wour		неад						
	Conditions, if	ony, which	DUE TO, OR AS	S A CONSEQUENCE O)F							
	gove rise to	immediate	(b)									
	lying couse los		DUE TO, OR AS	S A CONSEQUENCE O)F							
	AARY A AVAILE CICALICIE	ANT CONOLINGUE	(c)									
z	PAKE Z UTNER SIGNIFIC	ANI CONDITIONS C	UNIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL OISEASE	DR CONDITION GIVEN IN PART	T 1 (a).					
- 5	19a. DATE OF OPE	RATION	196 CONDITIO	ON FOR WHICH OPERA	ATION WA	AS PERFORMED?				20. (AUTOPSY?	
FIC											YES XX	NO []
CERTIFICATION	21a EXTERNAL CA	USE WAS	21b. TIME OF I		21s. HO	W INJURY OCCURRED) (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PAI		IES/CA	140 []
	UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH DAY YEAR 9 6 1983		bject shot h	himself					
MEDICAL	21d INJURY OCCU		21e PLACE OF	INJURY (AT HOME.	211. LOC	ATION						
×		T WHILE X	STREET, FACTOR		10	C S. Chai	rter Rd.		Burnie	UNTY	Anne	STATE .
					Autops				Arı	unde		.,Md.
		1	of the remains destri	obove, held on	Autops				nd in my op	inion		
13	deoth resulted fro	Noture	ol couses	A A C		Homicide	Undetermined	monner,				
1	ACTUAL SIGNATURE	lery	UNNT	mush 1	200	Assistan	† MEDICAL EX		DATE	9.	-7-83	
1	SIGNATURE		V	7	CKIN.		MEDICAL EX	AMINER	SIGNE	0	1 05	- 1
	EXAMINER'S NAM (TYPE OR PRINT)	E D	ennis F. S	Smydh, M.D.		ADDRESS	II Penn	Street	120	9		
23a	BURIAL, CREMATION SPECIFY) Burial			23c. NAME OF CEM	NETERY OF	et. Cemete	23d. LOCATION	cville	ÁÄ	YTY	SV/	ľĎ
24	UNERAL DIRECTOR		9 Sept 83	CLOMIIZALI	116 1		EC'D. BY REGIST	-	AA ISTRAR'S S		Anne of	-
24		Kirkle	y, Glen Bu	rnie MD		SFI	P 1 3 198	33	tino	x	denth	*
	James 3.	MILKIE	y, aren be	שוווע פייוווע		UL	- 0 80	0				



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	H	2	13	25	IA
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	MCAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAF	E THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE "QUERAL E	SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PLICES FOR YO	FERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1, AND 2 SHOULD BE 1000 MITHIN	TATAL WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDIENE DIVISION OF STATE BEING WITH THE STATE DEPARTMENT OF THE PRESTOR
	3	H	SHC	RA	AT
	=	LU	-	100	14

	EASED NAME FIRST OR PRINT)	MIDDLE		(ASI	KNICKMAN	2a DATE KNOWN OF ESTI-	MONTH	DAY YEAR 26. HOUR
	JAMES				SKMAN, JR	DEATH MATED		7 19 83
		MONTH DAY YEAR	LAST BIRTHDA	(Y) MONTHS	DAYS HOURS	24 HRS. 2c DATE PRONOUNCED DEAD	MONTH	7 19 83 D N
BIR	THPLACE (STATE OR EIGN COUNTRY)	76. CITIZEN OF WHAT CO			□ NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY	
				WIDOWED	☐ DIVORCE	🗈 🗆 Anne Arum	ndel Co	ounty ME
B	rooklyn Park	171 W. Mead	ow Rd.		INSTITUTION	Bartender	1	OR INDUSTRY Elgerts
o. ST	RESIDENCE (IF IN NURSING HOME ATE 136 COUNTY A.A.	OR OTHER INSTITUTION, GIVE RESIDENTLY 13c. C	ice before admission Ity or town Linthic i	Jm 13d		13e. STREET ADDRESS 10 Terrace	Drive	21090
FAI	FIRST	MIDDLE 6.	LAST	15.	FIRST	MIDDLE		LAST
a. W		RMED FORCES? 166. S	OCIAL SECURITY	NO. 17.			SS 0100	Martin
(YES	YES (IF YES, GIVE Viet	:Nam Una	availabl				2109	race Dr.
	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line for (o),	(b), and (c).)	alesta	Codeline			BETWEEN ONSET AND DEATH
		TE CAUSE (o)			Coderine		-	
			DIAGEGREIACE	,				
	cause (a) stating the under		ONSEQUENCE C)F				
	lying cause last.	(c)						
	PART 2 DITHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMI	NAL DISEASE OR	CONDITION GIVEN IN PAR	T 1 10		
ŽĮ.	19a. DATE OF OPERATION	196. CONDITION FO	R WHICH OPER	ATION WAS	PERFORMED?			20. AUTOPSY?
								YES X NO
CAL CER				21c HOW	INJURY OCCURRED) (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART	2)
MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK					CITY OR TOWN	COUN	NTY STATE
	22a 1 certify that I took char	ge of the remains described a	bove, held an	Autopsy	nspection	, Inquiry .	and in my opir	nion
	death resulted fram Notu	prol causes X, Accide	nt , Sui	cide .	Hamicide .	Undetermined manner].	
	ACTUAL SIGNATURE	Don				MEDICAL EXAMINER	DATE SIGNED	9-8-83
	EXAMINER'S NAME ADD	M. Dixon, M.	D.	ADI	DRESS 111 P		o., Md.	. 21201
Ja. BU	RIAL, CREMATION, REMOVAL Burial					23d LOCATION CITY OR TOWN Elkridge	COUNTY	d Md.
	Birriai	9/10/X3	Mead owr:	idge Mi	em. rark	LIKTIOGE	Howar	'CI MCI.
f. FU	NERAL DIRECTOR	7/10/03	21229			EC'D. BY REGISTRAR TO RE		
V / D / W 6	BIR FOR AT LONG WE FAR WEDICAL CERTIFICATION	Male White Male White Male White BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland D. CITY OR TOWN OF DEATH Brooklyn Park SUAL RESIDENCE (IF IN NURSING HOME ID STATE James MA.A. FATHER'S NAME FIRST James MAS DECEASED EVER IN U.S. AF (YES, NO., OR UNKNOWN) YES MANUEL TO THE STATE 18. CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE Conditions, if ony, which gave rise to immediate couse (a) stating the under lying cause lost. PART 2 DTHER SIGNIFICANT (DNDITIDN) 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 71d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took char deoth resulted from Note ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 30. BURIAL, CREMATION, REMOVAL	Male White 2 14 48 Male White 2 14 48 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland U.S.A. D. CITY OR TOWN OF DEATH Brooklyn Park 17 1 W. Mead SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, FOR AN ACCIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, FOR AN ACCIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, FARM OR OTHER INSTITUTION, FOR AN ACCIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR O	Male White 2 14 48 35 yr Male White 2 14 48 35 yr Maryland U.S.A. D. CITY OR TOWN OF DEATH BROOK Lyn Park SUAL RESIDENCE (# INIVERSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS) BOOK Lyn Park SUAL RESIDENCE (# INIVERSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS) B. STATE James FASTER'S NAME FIRST James MIDDLE JAMES MIDDLE JAMES MIDDLE JAMES MIDDLE FAST I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE COME ON SECUENCE OF CONSEQUENCE COME OF COME	Male White 2 14 48 35 YRS Male White 2 14 48 35 YRS BIRTHPLACE (STATE OR POREON COUNTRY) 8 MARRIED WINDOWED WIDOWED OCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSUCREMENT OF STREET ADDRESS) OCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSUCREMENT OF STREET ADDRESS) SUAL RESIDENCE (IF IN NAME PRIST TO THE INSULATION OF RESIDENCE BEFORE ADMISSION) IS STATE 136 COUNTY 136. CITY OR TOWN N. Linthicum 1376 FATHER'S NAME PRIST 1 NAME PRIST TO THE RESIDENCE BEFORE ADMISSION IN STATE 138 COUNTY 138. CITY OR TOWN N. Linthicum 1376 FATHER'S NAME PRIST 1 NAME PRIST TO THE RESIDENCE BEFORE ADMISSION IN STATE 138 COUNTY 138. CITY OR TOWN N. Linthicum 1476 FATHER'S NAME PRIST 1 NAME PRIST TO THE RESIDENCE BEFORE ADMISSION IN STATE 138. CITY OR TOWN N. Linthicum 1476 FATHER'S NAME PRIST 1 NAME PRIST TO THE REMINAL DISEASE OR THE PRIST TO THE TERMINAL DISEASE OR CONTRIBUTING OR COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING OR COUNTRIBUTING OR COUNTRIBUTION OR COUNTRIBUTING OR COUNTRIBUTION OR COUNTRIBUTION OR COUNTRIBUTION OR COUNTRIBUTION	Male White 2 14 48 35 YRS. FUNDER TYR. IF UNDER TYR. IF UNDER Male White 2 14 48 35 YRS. MONTHS DAYS HOURS DAYS H	SEX S. DATE OF BIRTH DATE S. DATE OF BIRTH DATE S. DATE DATE	Male White 2 14 48 35 Ves Marker Ma

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Item 18 shows

IMPORTANT: If Item 21 is marked or

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKITI	ICATE OF D	EAIN		REG. NO.			E.D.T.
1		CEASED NAME OR PRINT)	FIRST		AUDREY		AST OHLHAFER	2		OF DEATH MO		1983	26. HOUR 1:00P
	3. SE)	Female		4. RACE White	2	5. DATE C	- DAY	909 YEAR	6. AGE (I	NYEARS LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER 24 MRS HOURS MIN.
1		RTHPLACE (STATE OF COUNTRY)	, ,	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED ORCED	9. BALTIN	ANNE AR		OF DEATH	ry _{MD.}
9		TY OR TOWN OF DI LEN BURNI		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET L'TH ARUNDI	ADDRESS)		NOITUT	(TYPE OF W	OCCUPATION ORK FOR MOST OF W OUSEWILL			of Business Or
2	13g. S	al residence (# NU state anyland	135. COU	VIY,	GIVE RESIDENCE BEFORE 134 CITY OR JOW Pasacene	N				346 Stu	urtor	s Lane	e 21122
E	14, FA	Henry		MIDDLE	MacKenth	un		ian	ME/	WIDDIE	h	Be	ach
		VAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES?	215-24-2	787	Rober		rd Kol	ADDRESS hlhafen	San		#13
		Conditions, if on gove rise to it couse (o), state underlying cou	y, which nmediate ling the	DUE TO, O	ti .	Myn	in las	chi Vene	cular	Disea	d	yea year	n
7	CERTIFICATION	PART 2. OTHER SIL	mais	Ronal	DINTRIBUTING TO D	-	AT	104 I	200 AU	CANUS TOPSY	Ob. IF YES	S, WERE FINDING CAUSES	NGS USED
-	MEDICAL CERT	21d. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. IN JURY OCCU WHILE AT WORK	CAUSE OF DE. DICAL EXAMINE RRED WHILE	P. PLACE	M. MONTH DA	19	216. HOW INJ			CITY OR TOWN	NITEM 18 F	COUNTY	STATE
		22a. certify that	I) (this hosp	(4)	196		DEGREE			rred on the date	and hou		
		HILAH	1000	OF HERLIN	Y, M.D.	N		325	HOSPI	FAL DRIV	E, ‡		5-97

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b

certificate hos been

Burial
24 FUNERAL DIRECTOR Mo ully Funeral Homes

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY (edan Hill (emeteny 23b. DATE 9/15/1983 Balton, Md., 21225 237 E. Patapsco Ave.

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V.	S. =/s, Tiun		5536	Fiende
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	145167			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

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obysician and completely filled in by the funeral di popers Pages 1 and 2 should be filed within 72 ho

offending physician

MPORTANT: If Item 21 is marked ar Item 18 shows ony injury, ar other troumotic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transist permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

within 24 hours after

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

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REGISTRA	AR		CERTIFICATE OF DEAT	IH	REG. NO.			
1. DECEASED NA	AME FIRST Ruth	MIDDLE E.	Kriewald		20 DATE OF DEATH MONTH	11 83	26 HOUR	
3 SEX		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24	-
fer	male	white	5° 02° 0	3	80 YRS	MONTHS DAYS	HOURS	MIN
7a. BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	ura 🗆	9 BALTIMORE CITY OR COUN	Y OF DEATH		Т
COUNTRY	Md.	U.S.A.	WIDOWED DIVOR		Anne Arundel	County		٨
IN CITY OF TOW	IN OF DEATH	11 NAME OF HOSPITAL NUIDSIN	C HOME OR OTHER INSCRIPTION	IAOL	12- LICUAL OCCUPATION	141 4410 0	C DIVICIONIEC	

			•	122 20110020	-	/ -			M
	3 SEX female	4 RACE white	5. C	DATE OF BIRTH	03	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS A	HRS MIN,
-	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHA	M	AARRIED NEVER		BALTIMORE CITY OR COUNT Anne Arundel			MD.
1	10. CITY OR TOWN OF DEATH Glen Burnie	6652 Rob		OME OR OTHER IN	STITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI housewife	12b. KIND OI	BUSINESS	-
9	USUAL RESIDENCE (IF NURSING HOME 130. STATE Md. 13b COL	INTY 13c.	RESIDENCE BEFORE ADMI CITY OR JOWN Len Burni	113d INSIDE	CITY LIMITS?	13e. STREET ADDRESS 6652 Roberts (t. Apt.	C115	/
1	14 FATHER'S NAME FIRST William	WIDDIE	Luers		r's MAIDEN NAM FIRST Torence	ME MIDDLE	Kec	k	
	160. WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, O		SOCIAL SECURITY		Kriewal	d 5716 Pope St.	Balto.	Md.212	225
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION COURRED 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR AS CONDITIONS CONT. 1	JURY MONTH DAY	H BUT NOT RELATE RATION WAS PERF YEAR 19 211. LOCAT	ORMED NJURY OCCURR JON	IN CERTI	S, WERE FINDIN FYING CAUSES	GS USED	
	22a.l certify that (1) (this has	pitol) (trended the de	11 19 82	3, and that in m	, 19_8 () (our) opinion o	deoth occurred on the date and have		hat (1) (we) ouses stated	

22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF

Benjamin A. de Guzman, M.D. 325 Hospital Drive, Glen Burnie, Md.

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23a BURIAL, CREMATION, REMOVAL (SPECIFY) burial 9/14/83

Cedar Hill Cemtery

23d LOCATION
Brooklyn

A.A.

Mđ.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR 21225 George J. Gonce 4001 Ritchie Hwy. Balto. Md.

GISTRAR 256 REGISTRAR'S SIGNATURE

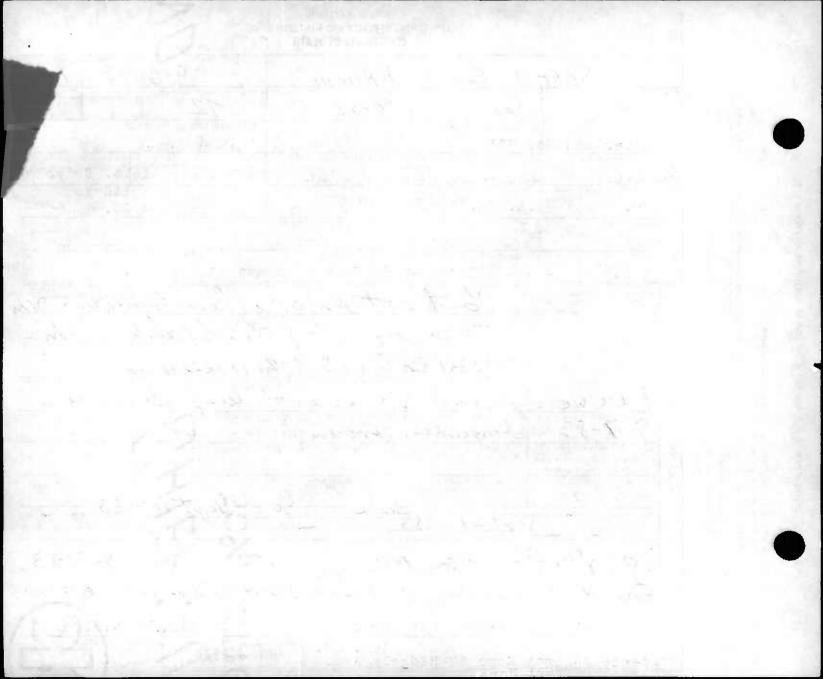
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TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and campletely filled in by the turn should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 shauld be filed within with the State Dept, of Health and Mental Hygiene prior to burial, cremotian, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examines must be partied

1		FOR		DES		OF MARYLAND	AL HYGENE	3 2 3	0 1	5
	1 -	STATE REGISTRAR		011		CATE OF DEAT		REG. NO.		
		CEASED NAME OR PRINT)	ARAH	MIDDLE	K	Rimm	20. D	ATE OF DEATH MONTH	1-83	2b. HOUR
	3. SE)	× F	4 RACE	,	5. DATE C		6. AG	E (IN YEARS LAST BIRTHDAY) 72 YRS.	MONTHS DAYS	HOURS
5	(RTHPLACE (STATE ORFICE COUNTRY) Cumberlar		OF WHAT COUR	MARRIE	NEVER MARRI	ED X	LTIMORE CITY OR COUNT		
3	A	TY OR TOWN OF DEA		IN SUCH FACILITY, GIVE	STREET ADDRESS)	HOSOILZ L	ON 120. U	SUAL OCCUPATION OF WORK FOR MOST OF WORKING OKKEEPET	12b. KIND O	ripple
5	115114	AL RESIDENCE (# NURSE			E BEFORE ADMISSION)	13d. INSIDE CITY LIM YES NO		TREET ADDRESS O1 Glenwood	childre d St.	n 21401
2		THER'S NAME FIRST	WIDDLE	Kr	imm	15. MOTHER'S MAIL FIRST Cora		WIDDLE	unkn	
/		VAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE	ES)	09-2752	Helena	Barne	address s same as13		
2	CAL CERTIFICATION	Conditions, if any, gove rise to imm couse (a), statim underlying couse PART 2. OTHER SIGN 198. DATE OF OPERAL 218. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDIC	AS CAUSED BY: IMMEDIATE CAUSE (which ediate of the lost. DUE T WHICH DUE T ON CREATING 21b. TI AUSE OF DEATH	O. ORAS A CON	SEQUENCE OF SEQUENCE OF TO DEATH BUT	NOT RELATED TO THE SENDEN WAS PERFORMED TO THE SENDEN OF T	14 200 YE	INCERT	ES, WERE FINDING CAUSES	NGS USED
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR 220.1 certify that (1)	(the hospital attend	ACE OF INJURY ME. STREET, FACTORY, (from Jus	211. LOCATION STREET	80 .10	Sept 21		state that (I) (we) last
		IGNATURE	d olive on did (did not) view the			DEGREE ATTEN PHYSI 270 ADDRESS	DING MEI	DICAL STAFF ECTOR PHYSICIAN	22c. DATE	
	23a E	BURIAL, CREMATION,		/23/83	231 NAME OF C	EMETERY OR CREMA	ATORY 23s	LLOCATION CHY OR TOWN nnapolis, Mo	d . A . A .	Co. STATE
		uneral director		ADI	DRESS Ar.	in. Md.	SEP 2	D. BY REGISTRAR 756. REGI	STRAR'S SIGNAT	URE

DHMH - 16 50M 4/82 (VRA 15, 4)

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

STATE OF MARYLAND	Q	-3
DEPARTMENT OF HEALTH AND MENTAL	HYGTENE	0
CERTIFICATE OF DEATH		

2	3	0	- 1	6

1 - STATE REGISTRAR	DEPAKI	CERTIFICATE	OF DEATH	REG. NO	o .		EDT
1. DECEASED NAME FIRST (TYPE OR PRINT) PAUL	MIDDLE	KUMMER	JR	20. DATE OF DEATH SEPTEMBE		1983	26 HOUR 0957 PM
3. SEX Male	1. RACE White	5. DATE OF BIRTH	PAY 1921	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Switzenland	75. CITIZEN OF WHAT COUNTRY?	MARRIED XXN	EVER MARRIED DIVORCED	9. BALTIMORE CITY O ANNE AR			ME
GLEN BURNIE		FIOSPITAL	RINSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Salesman			of Business Or My
Maryland 136. CC		Beachyes [r Rd.I	Riviera	21122 Beach
14. FATHER'S NAME Paul		en, Sn.	Bertha	Emily		isswyle	20
160. WAS DECEASED EVER IN U.S. (YES, HOOR UNKNOWN) HEYES	ARMED FORCES? 166 SOCIAL SECULOR (SIVE WAR OR DATES)	3054 Mr.	ormant/lary	Kummen ADDRE		e as ab	ove
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	PENCE OF	ma	0	ret	21	
PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	NT CONDITIONS <u>CONTRIBUTING TO</u>			20g AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
	FDEATH HOUR A.M. MONTH D		OW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.		STREET	CITY OR TO	WN	COUNTY	STATE
sow the deceased alive	ospitol) ottended the deceosed from, on		n (my) (our) opinion	death occurred on the de			that (I) (we) lost couses stated
226. SIGNATURE	Tousbetun	DEGREE) MCD	ATTENDING PHYSICIAN [MEDICAL STAI		22c. DATE	SIGNED
224. PHYSICIAN'S NAME (T	YPE OR PRINT)	22e. Al	DDRESS 78	45 OAKWOOD F	OAD,	SUITE 1	107

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and ca should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other froumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

death. Page 4 may be

DHMH - 16 50M 4/B2 (VRA 15, 4)

Sept. 7, 1983 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Culty Funeral Home, Mt. & Tickfreck Rds. Pasaden SEP 24 FUNERAL DIRECTOR

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	FOR STATE REGISTRAR			NT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO.		DT
	DECEASED NAME FILL TYPE OR PRINTS		illis LI	HMAN	AST .	SEPTEMBER 3	50, 1983 2b HO	
3.	Male Male	4 RACE White		A pri	PAY YEARO	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER MONTHS DATS HOURS	R 24 HRS MIN.
70.	BIRTHPLACE (STATE OR FORE)	ON 76 CITIZEN OF W		MARRIE	D DIVORCED	9. BALTIMORE CITY OR COU ANNE ARUNI	NTY OF DEATH	MD
7 10.	CITY OR TOWN OF DEATH GLEN BURNIE		OSPITAL, NURSING		DR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 126. KIND OF BUSIN	
5 13	Md. An	OME OR OTHER INSTITUTION OF COUNTY ne Arundel	ive residence before ad 3. CITY OR TOWN Pasadena)MISSION)	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 7802 Belhaven	Rd. 21122	
V	Samuel	WIDDIE	Lehman		15. MOTHER'S MAIDEN NA!	WIDDLE	Hipkins	
160	O. WAS DECEASED EVER IN L (YES NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	577-01-8		Margery Leh	nan 7892 Belhar	ven Rd. 21122	
Z Internal	underlying cause I	ote the DUE TO, OR ast. (c) CANT CONDITIONS CO		<u>ATH</u> BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONDITION 200. AUTOPSY? 200. IN CE	GIVEN IN PART 110 FYES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA	ED ATH?
	OR COLUMN TO LO CALLE	E OF DEATH HOUR A.M	MONTH DAY		21c HOW INJURY OCCUR	YES NO PROPER NATURE OF INJURY IN ITEM	YES NO	
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	22a I certify that (I) (the		19 8 3			, to 3 - 3 o death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the causes so 22c. DATE SIGNED	toted
	SANG C.	DOH, M.D.	0		GLEN BUR	AQUAHART ROAD	21061	
	BURIAL, CREMATION, REM BURIAL FUNERAL DIRECTOR MC CAMPE MC CAULU FUNE	noval 136 DATE 10-3-8	3 Mt.	Can	mel (h. Demt.	23d. LOCATION CITY OF TOWN Pasadena E REC'D. BY REGISTRAR 240 REC 3 - 1983	COUNTY OR ARU GISTRAR'S SIGNATURE	STATE

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STATE OF MARYLAND

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1		STATE REGISTRAR		MED	ICAL EXAM	INER'S	CERTIFICATE O	F DEA	TH REG. N	0.			
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE KNOWN	MONTH (DAY	YEAR	26. HOUR
	(TYP	E OR PRINT)	Irvin		Τ.	Le	master. J	r.	OF ESTI- TEATH MATED	_	24	1983	AA
	3. SEX	(4. RACE	5 DATE OF BIRTH	6 AGE	IN YEARS IF UP	DER I YR. IF UNDER		2c. DATE	MONTH	DAY	YEAR	2d. HOUR
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		TY OR TOWN		II. NAME OF HOSE		WIDOV			Anne Arui		Coun		
4	10. C1	III OK IOWIA	OFDEATH		ILITY, GIVE STREET ADDR		IER INSTITUTION	FOR A	MOST OF WORKING LIFE)	E OF WORK	OR	INDUSTR	\$A 2114E22
		en Bur		North A	North Arundel Hospital Repairs						Home Improv.		
5	13a. S	LATE Md.	136 COUN	or other institution, givi TY Arundel	13c. CITY OR TOW Glen Bu	'N	134 INSIDECITY LIMITS?	13e STR 641	EET ADDRESS 4 Brickton	n Ct.	. 2	1061	Y
	14 FA	ATHER'S NAME					15 MOTHER'S MAIDE	N NAME					
10	Ir	vin		MIDDLE T.	Lemaster	. Sr.	Ethloon		MIDDLE			ars	
	16a. V	VAS DECEASED	DEVER IN U.S. AR		166. SOCIAL SECU		17. INFORMANT		ADDRES	5	DPC	415	
	(1)	NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	216 42 1	299	Geraldine	e Mon	raan (Same	as 1	30)		
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		PART I DE	ATH WAS CAUSE	ly ane cause per line t D BY: △ ►			Cardiovasc	ular	Disease		W138	VEEN ONSET	AND DEATH
		420	IMMEDIA"	IE CAUSE (a)			Carulovasc	urai	Disease		-		
		12	12	DUE TO, OR	AS A CONSEQUEN	CE OF							
			ns, if any, which se to immediate	(b)									
	29.3	cause (a) lying cau	stating the <u>under</u>	DUE TO, OR	AS A CONSEQUEN	CE OF							
		ly ing cao	se 1031.	(c)									
		PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO GEATH B	UT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT T a.					
	CERTIFICATION												
7	AT	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH C	PERATION W	AS PERFORMED?				20 A	UTOPSY?	,
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7	E	210 EXTERNA	L CAUSE WAS	216. TIME OF			OW INJURY OCCURRE	D (ENTER I	NATURE OF INJURY IN ITEM 18	PART I OR PA	_	44	
2	ALC	UNDERLYING	OR CAUSE OF I		MONTH DAY								
	MEDICAL	21d INJURY C		P.M. 21e. PLACE O	FINJURY (ATHOM		CATION						
	AE		NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)		STREET		CITY OR TOWN	co	YTHU		STATE
		AT WORK	AT WORK										
	13.	22a. I certif	fy that I taak charg	ge of the remains desc	ribed abave, held o	an Autap	sy 💹 . Inspectiar	n	Inquiry . a	nd in my ap	oinian		
		death resulte	ed fram: Natu	ral causes XX,	Accident, ,	Suicide	, Hamicide .	Undet	ermined manner .				
		11.2%	AI	- ^	11/		TITLE (SPECIFY)						
		ACTUAL SIGNATURE_	L U QUI	melh	e Maril) , ,	D. Assistan	† MED	ICAL EXAMINER	DATE	D 9	-25-	83
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1		(TYPE OR PRIN		garita A.	Korell,	M.D.	ADDRESS	II Pe	enn Street				
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	(5	Burial		9 28 1983			emorial Pk.	CITY	en Burnie	A.A			
	24. FI	UNERAL DIREC					25a. DATE R		REGISTRAR 256 REG		-		
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STATE OF MARYLAND

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1.	STATE REGISTRAR			DEPA	S. DATE OF BIRTH STUTY 9 9 AY 1909 AY AT COUNTRY? B. MARRIED DISTRIBUTION CHILD COND. CHE SEPTIAL, NURSING HOME OR OTHER INSTITUTION CHILD COND. CHE SEPTIAL ROBESSING HOME OR OTHER INSTITUTION CHILD COND. CHE SEPTIAL ROBESSING HOME OR OTHER INSTITUTION CHILD COND. CHE SEPTIAL ROBESSING HOME OR OTHER INSTITUTION CHILD COND. CHE SEPTIAL ROBESSING HOME OR OTHER INSTITUTION CHILD COND. CHE SEPTIAL ROBESSING HOME OR OTHER INSTITUTION CHILD COND. CHE SEPTIAL ROBESSING HOME OR OTHER INSTITUTION CHILD COND. CHE SEPTIAL ROBESSING HOME OR OTHER INSTITUTION 134 INSIDE CITY LIMITS? YES NO 135 MOTHER S MAIDEN NAME HELENDOILE MORANIE JANEESSI LUCY C. LIMITS SAME AS #13 (Wife) SOCIAL SECURITY NO. 175. INFORMANT ADDRESS A CONSEQUENCE OF SETION SAME AND DELETINE STAFF AND ONES AND DELETINE STAFF NO NO NO STREET NO 210. LIMITS? YES NO NO 177. INFORMANT ADDRESS A CONSEQUENCE OF SETION SAME AND DELETINE STAFF NO NO NO 178. LICY CONDITION GIVEN IN PART INC. YES NO NO NO NO 179. LICY CONDITION GIVEN IN PART INC. YES NO NO NO NO NO NO STREET NO 210. LICY CONDITION STREET NO NO 211. LICCATION STREET NO NO 212. LICCATION STREET NO NO 213. LICY CONDITION STREET NO NO 214. LICCATION STREET NO NO 215. LICCATION STREET AND ONLY STREET AND ONLY STREET PHYSICIAN DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN TO UNITED TO AND THE AREA PURDENT TO UNITED THE AREA PURDENT TO U						
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14. F.	Jacob	м	ODIE	Liming				nMiDDLE	Mor	an us	ī
	WAS DECEASED EVER					.,	ming S		13	(Wif	e)
	PART I. DEATH W	AS CAUSED	BY:	Conge	ESTIVE						
	gove rise to imm	nediate g the	(b)_			IC HED	et DEL	PESE		XE	ARS
NO	PART 2. OTHER SIGN	HIFICANT CO	ONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	E OR CONDITION	GIVEN IN	PART Ico	۲.
TIFICATI	190. DATE OF OPERAT	ION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED		IN CE	RTIFYING		OF DEATH?
	OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH		21c. HOW INJURY OCCU	JRRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART I OR	PART 2)	
MEDI	WHILE TO NOT WH	ILE 🗆			CE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	co	YTAUK	STATE
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK 19 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18. PART 1 OR PART 2) 211. INJURY OCCURRED (AT WORK 19 212. I CERTIFY that (1) (this hospital) attended in deceased from DCT 20 212. I certify that (1) (this hospital) attended in deceased from DCT 20 213. TOT WHILE NOT WHILE AT WORK 19 214. INJURY OCCURRED (ITY OR TOWN COUNTY STARET) 215. THOR OF OPERATION 19 216. THOR OF OPERATION 19 217. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 19 218. TOT WHILE NOT WHILE AT WORK 19 219. DATE OF OPERATION 19 210. TOT WHILE NOT WHILE 19 210. TOT WHILE NOT WHILE 19 211. LOCATION 19 212. TOT OF TOWN 19 213. THOR OF OPERATION 19 214. THOR OF OPERATION 19 215. TIME OF INJURY (1) (1) (WE ALL OF INJURY (1) (ME) (1) (WE ALL OF INJURY (1) (ME) (1) (WE ALL OF INJURY (1) (ME) (ME) (ME) (ME) (ME) (ME) (ME) (ME											
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	BURIAL, CREMATION, UTIAL	REMOVAL	236. DATE 9/19/8	33		EMETERY OR CREMATORY ill Cemetery		etand	P.GOUN	Ma:	ryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

Prancis Casch's Sons Funeral Home, P.A. Hyattsville, Maryland

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campleted should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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	3. SE	Fema le	White	March 29, 1897	6. AGE (IN YEARS LAST BIRTHDAY) 86 YRS	MONTHS DAYS HOURS
35		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED MORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDE:	
54		GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUND		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINE INDUSTRY Rice Bak
100	USU/ 13a. S	STATE 131 COUN	OTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY Arunder Pasaden	N 13d. INSIDE CITY LIMITS?	130 STREET APPRESS, and Ro	d. 21122
exomin	14. FA	ATHER'S NAME LUGENE	MIDDLE Smith	15 MOTHER'S MAIDEN NA DELLA		Smith
medical		VAS DECEASED EVER IN U.S. AR YES. MOR UNKNOWN) (IF YES, GIV	WED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 216-03-26		Beckett, same as	s 13
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ijury, or ather trou	NC	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF JURILLATED DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	Confine VEN IN PART 110
ows any injury, or ather trou	TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USEI FYING CAUSES OF DEAT
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EDULE C. PELTON, 11.3.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND DED ADTHEUT OF HEALTH AND MENTAL HYCERE

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'	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.			
	CEASED NAME	FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	7h HOUR	
(TYPE	Phyllis		D.							
3. SE			Phyllis MA		RX OF BIRTH	September		983	12:30	
J. 3E.	^		4. RACE S. DATE OF				1	MONTHS DAYS	HOURS M	
	Femane		Caucasian	June	28. 1921	62	YRS			
	RTHPLACE (STATE OF		CITIZEN OF WHAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	Y OF DEATH		
Wa	ashingto	n, D.C	. U.S.A.	WIDOWE		A A	1 - 1			
10 CITY OR TOWN OF DEATH		ATH 11	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		AINE ALMIG		NC	12b. KIND OF BUSINESS		
Annapolis			Anne Arundel Ge	Hospital	Indubonii i					
13a. S	STATE	IN COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		0.4	005	
Ма	rvland	Anne	Arundel Edgewai	er	YES NO	1702 Midla	nd Po	12d	037	
	THER'S NAME				15. MOTHER'S MAIDEN NA	AME		lau		
ALVIN			Petërs	on					ST	
	VAS DECEASED EVE			JRITY NO.	17 INFORMANT	ADDRE				
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) P19-64-8563 Walter J. Marx Same as 13							3e			
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)										
	PART I. DE ATH	WAS CAUSED B	BY:						ONSET AND DEA	
		IMMEDIATE (CAUSE (0) Liver fa	ilure				several ye		
	57/2	1	DUE TO, OR AS A CONSEQU	ENCE OF						
Conditions, if any, which ((b) Cirrhosis								many vears		
	gove rise to in	nmediate							,,	
	underlying caus		DUE TO, OR AS A CONSEOU							
	(c) Alconolism							years		
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN None							VEN IN PART 1	a	
1	19a. DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, V				S, WERE FIND	WERE FINDINGS USED		
E								FYING CAUSES	NO	
ER	21a. ACCIDENT WAS U	NDERLYING 🗆	216. TIME OF INJURY		21c. HOW INJURY OCCUR				140 [
	OR CONTRIBUTING		HOUR A.M. MONTH D.	AY YEAR		FEMICE ANIDECOL MIDE	1 WALLEW IS	ran- I ORFANI 2)		
CA	(IF EITHER NOTIFY MEI		P.M.	19						
MEDICAL	21d. INJURY OCCU	RRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARA ETC I	711. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE	
E	WHILE NOT V	VHILE C	TALL STATE I, PACTORY, OFFICE, I	MANN, EIC.)						
			attended the deceased from	Augus	t 31 1083	. Aeptemb	er 3	10 83	that (t) (wa)	
	sow the decep	sed alive ac	September 3, 19	33	nd that in (my) (our) opinian	. 10	,	. ,	course state	
	above, (1) (we)	(did) (did nat) v	new the body after death.			deam occurred on the do	ne ono not			
	226. SIGNATURE	1 11	nn.		DEGREE			22c. DATE	SIGNED	
	Chan	Nex YI	, Janza		ATTENDING PHYSICIAN 1	MEDICAL STAF		Sen.	3, 198	
	22d. PHYSICIAN'S N	AME (TYPE OR PE	RINT)		22e ADDRESS			P-CP.	-, -,	
-	Charte	5 W. K11	nzer, M. D.	-	Annapolis, N					
	BURIAL, CREMATION	REMOVAL	236. DATE 23c 1	VAME OF C	EMETERY OR CREMATORY	23d LOCATION		FR0	-	
	(SPECIFY) Crem	ation	9-4-83 Metro	boli.	tian Cremat	ory Alexar	ndria	arairf	ax Co	
	UNERAL DIRECTOR					TE REC'DABY PAGE RAR	11-	1.00	MALA	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP_

Robert E. Evans 1212 West St. Annapoli SEM 2. 1 800

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requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hourspit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner

STATE OF MARYLAND

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by registrar 256 (registrar's serial type)

SEP

1 - STATE REGISTRAR		DEPART	CERTIF	CATE OF DEATH	TIGENE	REG. NO			EDT
1. DECEASED NAME FIR		MIDDLE		XSY T				DAY YEAR	2b. HOUR
		ank M	IAZURE			PTEMBER		1983	0415 PM
3. SEX	4. RACE		5. DATE O	DAY YEAR		N YEARS LAST BIRTH	DAY)	MONTHS DAYS	HOURS MIN.
Male	Whit		July	11, 1905		78	YRS.		
7a. BIRTHPLACE (STATE OR FOREIC		WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	BALTIM	ORE CITY OR	COUNTY	OF DEATH	
Maryland	U.S		WIDOWE					COUNTY	
GLEN BURNIE	I IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET ARUNDEL	ADDRESS)	ROTHER INSTITUTION	120 USUA	coccupations for shore	Ret	126. KIND C	Steam- Trade
USUAL RESIDENCE LIF NURSING H	OME OR OTHER INSTITUTION			IAU			(210		Trade
Maryland 136.	A.A. Co.	Gien Bi	irnie	13d. INSIDE CITY LIMITS YES NO 🔀	130. STREE 45	T ADDRESS Maple	, ——	-	
14. FATHER'S NAME	WIDDLE	LAST	100	15. MOTHER'S MAIDEN	NAME	MIDDLE		- 1 10	51 . 1
Frank	MIDDLE	Mazure	k	A111ce				alinow	
160 WAS DECEASED EVER IN U	S. ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT - da	aughtei	- ADDRES	s SAN	ME AS	# 13
(YES, NO OR UNKNOWN) (IF	N/A	217.01	.362	Mrs. Ar	ngeline	Pols	ine:	lli	
Conditions, if ony, wh gove rise to immedia couse (a), stoting underlying couse to PART 2. OTHER SIGNIFIC 190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLY	ich (b) ote the DUE TO, C		DEATH BUT	NOT RELATED TO THE T		ASE OR COND	20b. IF YE	S, WERE FIND!	INGS USED
					YES 🗆	NOD		FYING CAUSE: ES	S OF DEATH?
21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL E) WHILE AT WORK AT WORK	E OF DEATH HOUR A (AMINER) P	OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F	19	21r. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY		PART I OR PART 2)	STATE
22a.1 certify that (I) (this	hospital) attended a	ne deceased from_	A	, 19	, to			19	that (I) (we) last
saw the deceased a	live on did not) view the body	otter decth) . or	d that in (my) (our) apin	ion death accur	red on the dat	e and hou	ur and from the	couses stated
226. SIGNATURE	Mari	Mr.			G MEDICA	L STAFF	an 🗆	22¢. DATE	SIGNED
724. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRESS 3:	236 MOU	NTAIN R	OAD		
HAMID TOW	HIDIAN, M.	D.		PASADEN		LAND 21	122		
230. BURIAL, CREMATION, REM (SPECIFY) Burial		23c.1		EMETERY OR CREMATO	C	CATION ITY OR TOWN altimo	re,	COUNTY	MD.

Home/Glen Burnie MD

DHMH - 16 50M 4/82

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

> 24. FUNERAL DIRECTOR A SINGLE Singleton Funeral (VRA 15, 4)

. The pla sine Express Esternelial called Colors 3230 MOUNTAIN ROAD PASARIEVA, MARYLAND 21122

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE

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	' '	REGISTRAR	CERTIF	FICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST	Wade MCC	ast		H P 23	HOUR		
900	3. SE	Male	1 RACE White JU	DE BIRTH	6. AGE JIN YEARS LAST BIRTHDA	AY) IF UNDER I YEAR	HOURS		
54	7a B	RTHPLACE (STATE OR FOREIGN ONTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR C				
or pe not	10 9	MNZ DOIS	11. NAME OF HOSPITAL, NURSING HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION PROPERTY WORK FOR MOST OF W		BUSINESS		
miner m	USU 13 ₀	AL RESIDENCE IF NURSING HOMEO	ROTHER INSTITUTION, GIVE BESIDENCE BEFORE ADMISSION) NTY 13/CITY OR TOWN	134. INSIDE CITY LIMITS?	SIDE CITY LIMITS? 134 STREET ADDRESS				
dieal exam	14. F/	ATHER'S HAVE FIRST Norew	MODILE McCormick	rmick belle Cora Karkin					
t, the me	16a \	WAS DECEASED EVER IN U.S. AR YES, INFORTUNION (IF YES, GIV U.S. APPROVED TO THE YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO. 220-44-6006	17 INFORMANT	retEHCG	ormick #	F13		
vs any injury, or o	CERTIFICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT			ON GIVEN IN PART 1(a)			
s show	RTIFIC				YES NO	N CERTIFYING CAUSES C	NO [
n Item		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		71c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	N ITEM 18, PART 1 OR PART 2)			
marked o	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT		
ANT: If Item 21 is		saw the deceased alive or above. (I) (we) (did) (did no 226 SIGNATURE	of) view the body after death.	, 19_ nd that in (my) (aur) opinion of the control	MEDICAL STAFF	22c. DATE S	ouses state		
MPORTANT		MICHARL	J. La PENTA M	703 G101	nings Avi	3 ANNAPOL	13 M		
	230 (BUPIAL, CREMATION, REMOVAL	9-13-83 LOTTA	EMETERY OF GREMATORY	23d LOCATION 53d+1 MC	we Balto	My		
5M	24 E	SAME OF HILLS	3/Phan ADDRESS MAY	20/15/14 250. DAY	EP 1 4 1983	REGISTRAR'S HIGHARU	RELIE		

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

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STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIRNE

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	1	1.	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND CERTIFICATE OF		REG. NO.	6
page 3	H		CEASED NAME FIRST	GAY MC COY	2e DATE C		3 7A M
fte.		3 SE	· F	S. DATE OF BIRTY MONTH DAY 10 - 2	7-05 7	77 YRS. MOI	UNDER I YEAR # UNDER 74 HRS NTHS DAYS HOURS MIN
the funeral direct within 72 hours a	5	C	OUNTRY)		DIVORCED	ORE CITY OR COUNTY O	MD MD.
n by the lifed with	90	AA	INAPOLIS A	NAME OF HOSPITAL, NURSING HOME OR OTHER IN IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) NU A POLL C WER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONY.		LOCCUPATION ORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
completely filled in by 1 and 2 should be filled	35	13e. S	ATHER'S NAME	A SEVERNA WHOSIDE	CITY LIMITS? 130. STREET	TADDRESS EVER	CGREEN AS
d complete	020		VAS DECEASED EVER IN U.S. ARMEI	DIE LAST	FIRST Ouhn	ADDRESS	LAST
sian and s. Pages 1.			YES, NO OR UNKNOWN) (IF YES, GIVE WA	R OR DATES	IES C. M	eloy. dr.	- ABOUE
trending physic e carbon paper tion, or remove			PART I. DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C		DM		APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
igned by the a blease remove burial, crema	, A.		gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF IC) NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN	IN PART I(o)
te has been spermit. The	9	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERF	FORMED 200 AUT		VERE FINDINGS USED NG CAUSES OF DEATH?
physician. is certificate he ial-transit pern lental Hygiene		CAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	INJURY OCCURRED JENTER N	IATURE OF INJURY IN ITEM 18, PART	1 OR PART 2]
After the street the s		MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOC A STREET	IIÓN ET	CITY OR TOWN	COUNTY STATE
SECTOR: for use a t. of Heal			22e 1 certify that (1) (this haspital) sow the deceased alive on above, (1) (we) (did) (did not) vi	ewine body after death.	y) (aur) opinion death accurr	red on the date and haur o	
y the hosp RAL DIRE detached f itate Dept.			22h SIGNATURE	DEGREE		STAFF	9/DS/83
TO FUNERAL should be detact with the State	/		HOWARD D	GOLDSTEIN 205	KIDGEL"	1 110	Apohis MD.
BP		(Cremation	136. DATE 18 231 NAME OF COMETERY OF	v Crew 11	Estview	Ballo STATE
DHMH-16 25 (VRA 15, 4) 1		1	that I . La	nanco Sevense	COCT 0 3 10	83 John	2 Cobiel

10-21-02 27 2000 M. C. M. S. A. C. M. S. Every - 45 Kegill 2 ands A.V. Pro 1/21 11 11 1/21 13 ALADE LOS SEE PLANTS OF THE SECOND SE old be

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

STATE REGISTRAR REG. NO 20 DATE OF DEATH MONTH YEAR 2b. HOUR DECEASED NAME fest Harold Mitchell Mitchell (TYPE OR PRINT) HAROLD September 83 MECKROY IF UNDER TYEAR 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Male White MONTH 1932 Feb. 9. BALTIMORE CITY OR COUNTY OF DEATH 79. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED West Va. U.S.A. DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR North Arundel Zhospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie Railroad Conductor USUAL RESIDENCE 13e. STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 21061 GlenBurnie 4 Ferndale Ave. A.A. Maryland YES 🗍 NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME McElrov MIDDLE Mabel Sullivan John Harold 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Wife Same as 13 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217.26.6448 Alice M. McElroy No None APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Means IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise ta immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2. OTHER SIGNIFICANT COM	nditions <u>contributing to death</u> be	JT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDI	TION GIVEN IN PAR	[]ta
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED		20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	R	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)

WHILE NOT WHILE 220.1 certify that (his hospital) ottended the deceased from 5. and that in(my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on abave, (1) (we) (did) (did not) view the body after death

211 LOCATION

22b. SIGNATURE DEGREE 22¢ DATE SIGNED MEDICAL ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OF PRINT

23b. DATE

22e ADDRESS 3001 S. HANOVER

STATE

23g. BURIAL, CREMATION, REMOVAL Burial

21d. INJURY OCCURRED

FOR

Sep. 12,83 Cedar Hill Cemetery Brooklyn

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23t NAME OF CEMETERY OR CREMATORY

23d LOCATION

CITY OR TOWN

0

BP

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MD SEP 1 3 1983

COUNTY

COUNTY

DHMH - 16 50M 4/82 (VRA 15, 4)

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retained by the haspital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: # Nem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medica

STATE OF MARYLAND

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	1-	STATE REGISTRAR DENNIS	G. MCMUI			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	D.			
		CEASED NAME FIRST OR PRINT) Denn		MIDDLE	Mar	nullen Sc.		MONTH DAY	YEAR - 8-3	26 HOUR 10 A	ч
1	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 2 HRS	
	n	NALE	White	حب ا	MONTH	DAY YEAR	71	YRS.	NTHS DAYS	HOURS MIN.	
)		RTHPLACE (STATE OR FOREIGN OUNTRY) ennsylvania	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	DE NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY O Anne Arund			M	D.
	11.	ooklyn	Hammor	HOSPITAL, NURSING TACKLITY GIVE STREET	IG HOME C	or other institution ag Home	120 USUAL OCCUPATION	ON F WORKING LIFE]		ed Chem.	
	13a. S			Brookly	N	13d. INSIDE CITY LIMITS? YES NO 🔼	130. STREET ADDRESS 5501 Chat	ham Rd	. (212	225)	
7		THER'S NAME lexander	MIDDLE	McMulle	en	IS MOTHER'S MAIDEN NAM	WIDDLE		Brenh	oltz	
	16a. W	(AS DECEASED EVER IN U.S. AF	MED FORCES?	181-18-9		17. INFORMANT Esther McMul	ADDRE Llen (same a				
7		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	nly ane cause per ED BY: TE CAUSE (a)	line for (a), (b), an HEPATIC	d (c·.)	NSUFFICIEN	CY.	1/2000	BETWEEN	MATE INTERVAL ONSET AND DEATH	_
		Canditions, if any, which (b) PORTAL CIRRHOSIS						175			
		gave rise to immediate cause (a), stating the underlying cause last.		LCOHOLIS							
	7	PART 2. OTHER SIGNIFICANT	0		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0 '	
_		ASC.V.D,		ARCA.	ORERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	A/EDE EINIDII	ICS USED	_
	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	YES NO			NG CAUSES	OF DEATH?	
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH D. .M.	AY YEAR	21c, HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, P	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		22a. I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no			2/0	od that in (my) (our) apinian	ta 4 29			that (I) (we) los causes stated	.1
		22b. SIGNATURE	mene	orrer degree,		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c. DATE	30/1983	
		22d PHYSICIAN'S NAME (TYPE		IA	-	220 ADDRESS #8, 1674 A	VE. BALTI	MORE,	md2	1225	,
	23a. B	URIAL, CREMATION, REMOVAL		,		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
		rial INERAL DIRECTOR Balt	10/1/		edar I	Hill Cem.	Brooklyr E REC'D. BY REGISTRAR		A.A.	Md.	
	169 FU	HACKAL DIKECTOK DOLL D	U a a l'IU a	61667		430. DAI	THE D. DI REDIDIKAN	THE CHOICE	IL O SICH VI	-	Mil

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL UVCIONE

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1	1-	STATE REGISTRAR		DEI ARTH		ICATE OF DEATH	REG. N	O.		
		ORPRINDING PIRST	Mirrie)	1	neeks	20. DATE OF DEATH	-26	-83	12 a M
	3. SEX	Female	RACE	hite	5. DATE C		6 AGE (IN YEARS LAST BIR	YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MINL
5	C	OUNTRY	U.S.		WIDOWE	A	ANNE AR	UNDE	1 6	MD.
3	a	TY OR TOWN OF DEATH	A NOT IN SUCH	ARUNDEL	Gers 1	or other institution	TYPE OF WORK FOR MOST C	0.		FBUSINESS OR Lit Office
	13a. S	Md. Anne		GIVE RESIDENCE BEFORE 13c CITY OR TOW Sevenna	NOI	13d. INSIDE CITY LIMITS? YES NO (nn Ra.	21146	5
0		Michael	NDDLE	Yanke		Anna Anna	MIDDLE		Kinti	p
		VAS DECEASED EVER IN U.S. ARI	MED FORCES?	217-22-	3292	Shirley Seymo	our 737 Mc (Cann R		Prk.
	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	(c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 11c	
1	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR				
	MEDICAL	21d, INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	f	220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not		19	, ar	nd that in (my) (our) apinion o	death occurred on the d			that (I) (we) lost causes stated
		22b SIGNATURE		20		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
		H. Galdst	PRINT)	mp.		22e ADDRESS				
	B	URIAL, CREMATION, REMOVAL SPECHY) URIAL JNERAL DIRECTOR	23h. DATE 9-29-8	23 La	name of co	Pank Cometeny 250 DAG d. 21122 SEP	234 LOCATION CITY OF TOWN Baltimo E REC'D. BY REGISTRAR	City	COUNTY	STATE

ully Funeral Home 3204 Mountain Rd. 21122

DHMH - 16 50M 4/83

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical (Raminer flust be patified arrange)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furninal should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

(VRA 15, 4)

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etained by the haspital or attending physicia

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. V.	out III: e war	عافنيه لرورد عاصيم		11/10	C.
			- Louison		Luciani

requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or offending physician.

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STATE OF MARYLAND

BEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR CERTIFICATE OF DEATH

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EDT.

REGISTRAR		CERTIFICATE	OFDEATH	REG. NO	D.	100	
I. DECEASED NAME FIRST THOM	AS WOOD	MELVILLE		20. DATE OF DEATH SEPTEMB	ER 22, 19	83 13	5 PM
a. SEX Male	White	5. DATE OF BIRTH	5 1899	6. AGE (IN YEARS LAST BIR)	YRS.	DAYS HOUR	DER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED N	EVER MARRIED DIVORCED	9. BALTIMORE CITY O	RUNDEL CO	JUNTY	MD.
GLEN BURNIE		DEL°TIOSPITAL		120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF		KIND OF BUS USTRY LEXT!	INESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU		Burnie YES [№ 🔀	130. STREET ADDRESS	Tawer	Rel	
14. FATHER'S NAME FIRST ON (MIDDLE MER ME	Iville	THER'S MAIDEN NAM	WIDDIE	Horr	I LAST	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL INE YAR OBOATES) 21646	2374 N	PRIAN M.	Melville.	Glen &	BURDIE	e, Md
PART I. DEATH WAS CAUS	only one couse per line for (0), (b) ATE CAUSE (0) The for	ventries	las Hen	norrhage	BE	APPROXIMATE IN ETWEEN ONSET A	AND DEATH
Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS	AS CUD				ear	2
couse (o), stofing the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF					
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMIT	NAL DISEASE OR CON	DITION GIVEN IN P	ART Ito	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	AUSES OF DE	
		DAY YEAR	DW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART I ORF	PART 2)	
GRECONTRIBUTING CAUSE OF DIVINITY MEDICAL EXAMIN VIET EITHER, NOTIFY MEDICAL EXAMIN WHILE NOT WHILE AT WORK AS WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OR		OCATION STREET	CITY OR TO	wn cou	INTY	STATE
	pitaly attended the deceased from 9/2. 2 & 3 not) view the body after death.	-1 1	n (my) our) pinion d	eoth occurred on the de	ote and hour and fro	om the couses	
22b. SIGNATURE	a felin	DEGREE	ATTENDING .	MEDICAL STAI	IAN 🗆	DATE SIGNE	f3
DAVTD A. S	OR PRINT) SCHWARTZ M.D.	228 A		NIE, MARYL		00	
230. BURIAL, CREMATION, REMOVA		231 NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	COUNT	י אמר	STATE
24. FUNERAL DIRECTOR	-11 11	Name /	250. QATG	BECO. AV RECUSIRAR	25 EGISTRAR'S	IGN URE	. 4

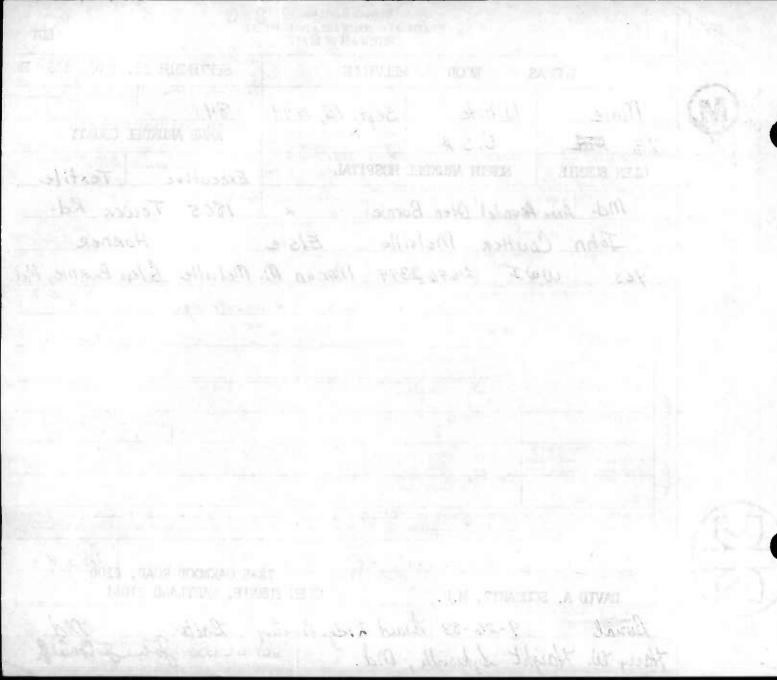
DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely talked in by the fur-should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld the fined with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

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STATE OF MARYLAND	8	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH		

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	۱ -	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO.	
		EASED NAME Shirtle	y Beulah		实物	2. September 23	1 1 9 8 326 HOUR 5 4
	SEX		4. RACE	5. DATE C	DAY YEAR	. 405 (11 15 16 16 17	IF UNDER 1 YEAR IF UNDER 24 1
		male	White	Feb	4, 1899	9. BALTIMORE CITY OR COUNTY	OF DEATH
11.	C	THPLACE ISTATE OR FOREIGN DUNTRY) SCONSIN	U.S.A.	MARRIE	D NEVER MARRIED	Ame Aru	-clos
060	.CIT	YOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	176 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Manicurist	126. KIND OF BUSINESS INDUSTRY Beaut Shop
		ryland Arun	TYAnne 13 CITY OR ION GOLD BLOW BLOW BLOW	admission) rnie	13d. INSIDE CITY LIMITS? YES NO	6654 Roberts	Court 210
	. FA	HER'S NAME FIRST	AIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	LAST
90	_	asmus	Larse		Bertha	10.00000	Andersor
o medico		AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 217-05-2	8523A	Mrs. Carol	yn S. Pilgrim	Oak Grove Linthicum,
eveni, m			y one couse per line for (a), (b), an By: E CAUSE (a)	12c	Arrest		BETWEEN ONSET AND D
		Conditions, if ony, which	DUE TO, ORAS A CONSEQUE	NCE OF	to, Head D	(NON)	des
ou o une l		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR, AS A CONSEQUE	درزى		d chal	
· ·	NO	PART 2 OTHER SIGNIFICANT C	POST CUA	C PLE	not related to the term	Hewiparexis, C	old tx. Rt Loa
S out	CEKITFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF DEAL LIFE EITHER NOTIFY MEDICAL EXAMINER	In .	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OF TOWN	COUNTY STA
21 is mo		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not	al) attended the deceased from 19 2) view the body after death.	9-7	nd that in (my) (our) opinion	deoth occurred on the date and hour	9.23 , that (I) (we and from the causes state
IT: If Item		22b. SIGNATURE	2 Flow	M	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	- 7-23-83
MPORTANT		22d. PHYSICIAN'S NAME (TYPE OF	FLORES, Y	(J.)	220. ADDRESS	unsulle Hospits	1 Colo
	15	JRIAL, CREMATION, REMOVAL PECIFY Cremation			EMETERY OR CREMATORY Ly Process,	Catonsville	
/82		ngleton Fune	ral Home, Glen	Bur	0.5	TE REC'D. BY REGISTRAR 251 TEGISTI	RAR'S SIGNATURE

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MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGYEN

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I. DECEASED NAME 2b. HOUR [TYPE OR PRINTS 30 IF UNDER TYEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH HOURS To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED reorgia 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USU AL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY MAROLI 134 INSIDE CITY LIMITS? EAT PLEASANT YES X NO [GOICHEAD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Jasper Meriweather Unknown **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Barber-daughter-611 579-07-4 968A Barbara A. no HE IWIE IN CONSESS AND 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: arcinoma IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediale couse |o|, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART It a CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER INCLIEV MEDIC AL EXAMINER P.M 19 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 27a.1 certify that (1) (the herealth attended the deceased from Jan sow the deceased alive on September 10 1983 & ptember _, and that in (my) (and opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 27h SIGNAFAIR 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

MEANS

25a. DATE REC'D. BY 74 FUNERAL DIRECT Home

A PRIME TO A PRIME TO A PARTIE OF THE PRIME TO A PARTIE OF THE PARTIE OF Island Asmit August 1 Sept 1 167g-17-V seeth Larlow N. Harland Law Y-Ta-old N. Harland N. Harla series and the state of the series of the series Supplied to the supplied to th The state of the supplemental to the state of the state o Charles Histories and the same of the 1933 Month of the state of the late of the state of the state

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIFICATE OF I	DEATH	REG. NO.		
	DECEASED NAME YPE OR PRINT) FIGURE	WIDDLE	Mills	2a. DATE OF D	EATH MONTH DA	YEAR - 83	26. HOUR
3. 8	SEX Male	White	5. DATE OF BIRTH	6. AGE LIN YEAR		FUNDER I YEAR	IF UNDER 24 HRS
17 U	BIRTHPLACE (STATE OR FOREIGN PROUNTER)	76. CITIZEN OF WHAT COUNTRY	MARRIED X NEVER	MARRIED 9 BALTIMORE	e Aruna	1 /	
3/	MAL POIS	11. NAME OF HOSPITAL, NURS (II) NOT IN SUCH FAMILY, GIVE STRE HONE HOUSE	ET/ADDRESS)	TYPE OF WORK IN	CUPATION SOMOST OF WORKING LIFE) LUI JEIUKE	IMPOUSTRY /	BUSINESS C
O US	SUAL RESIDENCE (IF NURSING HOME OR 0. STATE 13b. COUN	OTHER INSTITUTION, GIVE BEFINDENCE BEFINDENCE BEFORE 13 OTY OR TO HAND A	WN / 13d. INSIDE C	NO 130 STREET AD	DRESS/1/1/to	phan	2091 e
21	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER	S MAIDEN NAME FIRST A	WIDDIE	LAST	
/ 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 578-58-		ie L. Mills	ADDRESS ## /	3	
CERTIFICATION		DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH			SY? 20b. IF YES,	WERE FINDIN	GS USED
/	OR COLUMNIA COLUMNIA OF DE	HOUR A.M. MONTH	DAY YEAR	YESN	YES YES		NO 🗆
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE II 214. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATIO		CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hospisow the deceased alive on	charlsen. M	DEGREE 10.	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN	22 DATES	JGNED -83
230	BURIOL CREMATION, REMOVAL		NAME OF CEMETERY OR			COUNTY	M STATE

250. SE NIC O. BY TO STATE 256 REGISTRAR'S OF WATURE

DHMH - 16 50M 4/82

24. FUNERAL DIRECTOR

(VRA 15, 4)

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101 W. PRESTON ST., BALTIMORE, MARYLAND 21201	7.7	shot the death certificate be executed within 24 hours ofter death. Page 4 may be
ESTON ST., BALTI		death certificate b
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CTATE OF MADVIAND

1-	FOR STATE REGISTRAR			DEI	PARTMENT OF H	EALTH AND ME		REG. N	0.		EDT
	CEASED NAME	FIRST		IDDLE	- (AST		20. DATE OF DEATH		AY YEAR	26 HOUR
(ITPE	OR PRINT)	MELVIN	C		MILLS		SR	SEPTEMB	ER 15,	1983	509 AM
3. SE)	(4	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Whit	e	Feb		16	67	YRS.	DATS	MUNIO.
	RTHPLACE (STATE OR F	OREIGN 7	. CITIZEN OF	WHAT COU	NTRY? 8.	D NEVER MA	PRIED	9 BALTIMORE CITY			
	Maryland	1000	US	A	WIDOWE	_	RCED	ANNE A	RUNDEL	COUNT	Y MD.
10. CI	GLEN BURN		NORTH	OSPITAL, N	DEL HOSP		UTION	12d. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Carpenter		INDUSTRY	Engineer
13a. S	AL RESIDENCE (IF NURS TATE Lryland	13b. COUNT AA	THER INSTITUTION, 'Y	13c. CITY O	e before admission) r town Burnie		10 [X]	130. STREET ADDRESS 7820 Oakwo	od Roa	d	ing 21061
14. FA	Edward	м	IDDLE	Mill	ST S	15. MOTHER'S A	ST	AE MIDDLE		Wil	der
160 V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?		L SECURITY NO.	17. INFORMAN		ADDRI	SS		Glen
()	(ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-0	3-2517	Paul E	. Mill	s, 1315 Me	adowva	le Rd.	
	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediote ig the lost.	(b)	R AS A CON	ISEQUENCE OF						
NO	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE OR CON	DITION GIVI	EN IN PART TO	0
CERTIFICATION	19a DATE OF OPERAT	TION	196. CONDI	TION FOR V	WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		, WERE FINDI YING CAUSES	
	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIA	CAUSE OF DEAT	21b. TIME O HOUR A./	M. MONT	H DAY YEAR	21c. HOW INJU	IRY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	214 INJURY OCCUR!	OLE 🗇	21e. PLACE ((AT HOME, STR		OFFICE, FARM, ETC.)	216 LOCATION	22	CITY OR TO	WN	COUNTY	STATE
	22a.l certify that (I) sow the decease above, (I) (we) (c	(this hospite	Brugu	ot	0 2		ur) opinion d	to Sept	ote and hour	r and from the	that (I) (we) last couses stated
	226. SIGNAPUR	mit					TENDINO	MEDICAL STA		22c. DATE	ESIGNED
	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS	61.	HAMMONDS	LANE		
	PHILIP	H. KC	NITS, N	1.D.	5000	BAI	TIMORI	E. MARYLAND	21225	5	H-L-BT
23a 6	Burial, CREMATION, SPECIFY Burial	REMOVAL	17 Sep	+ 83		EMETERY OR CR		Glen Bur	nio	COUNTY	STATE MD
	Duitui		11 och	6 00	I alen ne	TACIL LIGHT	· I all	Laien buri	116	חח	LID

Glen Haven Mem.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

er must be notified at ance.

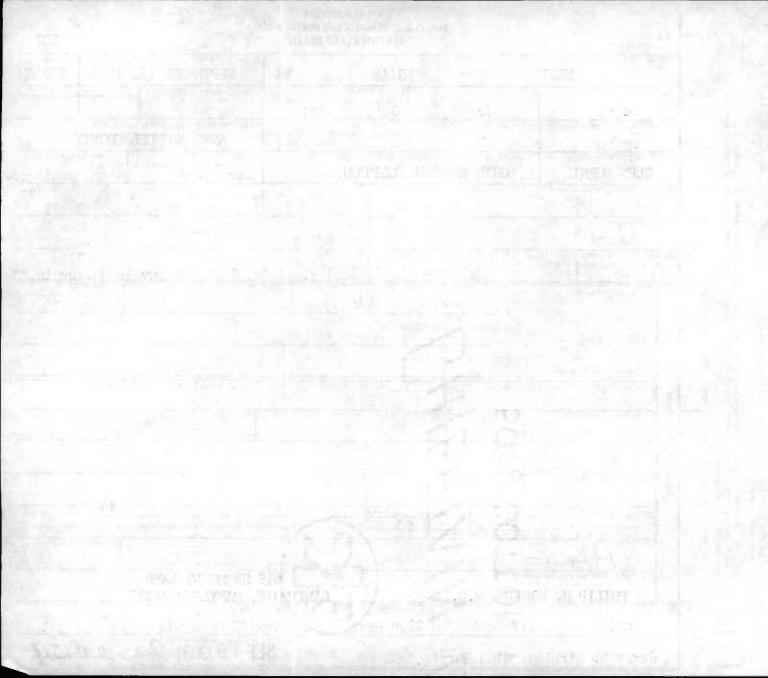
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injury, or other froumatic event, the

IMPORTANT: If hem 21 is marked or hem 18 shows any

Glen Burnie AA Park BESISTRAR'S SIGNATURE

James S. S. Kirkley, Glen Burnie, MD



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physicion.

poge 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral allocations should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 medis with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumotic event, the medical expm

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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FOR STATE

STATE OF MARYLAND STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 3

	REGISTRAR			REG. NO.	
1. DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TTPE	OR PRINT)	d Lee	Monroe	(9/7/83) 9	7 83 245 PM
3. SE	X .	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN
	MALE	RYACK	9 22 03	YRS YRS	
70 BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	3ALto, mo	USA	WIDOWED DIVORCED [BALTIMOR	MD.
A 3	en Burnie Md.	(IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION EET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUŞTRY
4	n Willadel 6.	PLAZA	UBNOK WIH	Chauffeur	PrivateFamily
	AL RESIDENCE (IF NURSING HOME OR OT TATE 136 COUNTY			113e STREET_ADDRESS	91223
~	ARYLAND	10	MORE YES NO -	551 North Ful	ton Avenue
14. FA	THER'S NAME	1 3/11	15 MOTHER'S MAIDEN	NAME	EVAL PAY STANKS
	C LADIOC MID	DDFE FY21	POTE PRINT	WIDDLE	Sm 1 Hast
16n V	VAS DECEASED EVER IN U.S. ARME		CURITY NO. 17 INFORMANT	ADDRESS	OWIANO
	YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)		1 paneral 3500 32	manufacture of the state of the
	NO	2167	4-31314 Mrs. Evely	n Ranson 1509 N.	The second secon
	18 CAUSE OF DEATH Enter only I		ondicu		BETWEEN ONSET AND DEATH
18	IMMEDIATE (- 21-1	12c Arkuth	m)	
	1850	DUE TO, OR AS A CONSEC	DUENCE OF	,	
	Conditions, if ony, which	Meta	static pros	tate cancer	- 1 32
	gove rise to immediate couse (0), stating the)	West of the second		
	underlying couse lost	DUE TO, OR AS A CONSEC	QUENCE OF		A Property of the same
	DART O OTHER CICALIESCANT CO	NO ITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TE	PANIAL DISEASE OF CONDITION C	DVENT INT DADT 1/-
Z	PART Z. OTHER SIGNIFICANT CO	NUTTONS CONTRIBUTING I	O DEATH BOT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	TIBL CONDITION FOR WHILE	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
S.	THE DATE OF OFFICE ATION	Minter	the adda of the	IN CERT	IFYING CAUSES OF DEATH?
F	0/00	Ousture	une o cogoste		ES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCE	URKED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Σ	WHILE NOT WHILE AT WORK	(ATTOMIC, STREET, TACTORT, OFFIC	ce, rann, ere.j		
	22a. certify that (i) (this haspital) ottended the degeased from	n	S. to present	, 19, that (1) (we) lost
	sow the deceased alive on	8/19/19	ond that in (my) (our) opini	on death occurred on the date and ha	our and from the causes stated
	obove, (l) (we) (did) (did pet v	riew the body after death.	DEGREE		Dr. DATESIGNED
	11-To 1/2	x 18 wou	ATTENDING	S MANTEAL STAFF	9/8/83
	atomic	the -		DIRECTOR PHYSICIAN	1000
	22d. PHYSICIAN'S NAME (TYPE OR PE	ant)	1220 ADDRESS	a U C.	a bottom
16	KHY 131	oute, JV	MD 677	NOVIN CANO	VST. 212/7
230 E		23b. DATE 23	BE NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	COUNTY STATE
(Burial	9/10/ 1983 1	Mt. Auburn Cemeter	y Baltimore	Md.
24.FI	UNERAL DIRECTOR Sons	2501 6:22	250. E	DATE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
NU	itter and Sons Ineral Home, Inc.	Baltimor	nns Falls Pkwy.	SFP 1 5 1083 100	ings (shelf
40				- 1000	

DHMH - 16 60M 1/75 (VR A 15 (4))

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'hauffeur 11. La Iton v n c 1 Mrs. avelvn Ronson 1500 M. Bentalou Street to an John Street Committee of the commi

DHMH -(VR A15 M 20M 4/

	CEASED NAME	FIRST		MIDDLE		LAST		2s. DAT	E KNOWN	NO. MONTH	DAY Y	re AR 2b
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3 SEX	NI	I. RACE	5. DATE OF BIRTH	YEAR	LAST BIRTHD	MONTHS DAYS	R. IF UNDER 2	MIN PRONC	ATE DUNCED AD	MONTH	DAY	YEAR 2d
70 BI	RTHPLACE (ST.	ATE OR	76 CITIZEN OF W	HAT COUNT	1 U YR	8.		1. BAL	TIMORE CITY	OR COUN	TY OF DEAT	
FOI	REIGN COUNTRY)		U	15		MARRIED	DIVORCE	DAY	ne	Aru	nde	1
1	Inna.	dis /	HAZE	TYUN	REET ADDRESS)	OR OTHER INSTI	TUTION	12a. USUAL OC FOR MART OF	CUPATION (1	YPE OF WORK		OF BUSIN OUSTRY
USU A 13a. S1		IF IN NURSING HOME C	or other Institution, G TY Arunda	13c CITY	OR TOWN			13e STREET ADI	Frer	ne R	15	214
14 FA	ATHER'S NAME FIRST		MIDDLE	ı	AST	15. MO1	HER'S MAIDER	NAME	MIDDLE		LAST	
16a W (YE	VAS DECEASED	EVER IN U.S. AR/		218-	30-lok	17. INFO	0 1	olph Na	Sh. Sr	SS S	iam e	
	9// Canditian gave ris	s, if any, which to immediate stating the <u>under</u> -	DUE TO, OR		SEQUENCE C		cho	Just 0	2007	erme	lon l	7=7
TION	Candition gave ris cause (a) lying caus	s, if any, which e to immediate stating the <u>underelast</u> .	(E) DUE TO, OR (b) DUE TO, OR (c) CONTRIBUTING TO DEATH	AS A CONS	SEQUENCE C	DF INAL DISEASE OR CONDI		11 (0).	7 00	2-41	00 /	,
TIFICATION	Candition gave ris cause (a) lying cause PART 2 OTHER SIG	immediate stating the under- e last. NIFICANT CONDITIONS	(E) DUE TO, OR (b) DUE TO, OR (c) CONTRIBUTING TO DEATH	AS A CONS	SEQUENCE C	DF		1) (a).	2 0 0	2-416	20 AUTO	,
DICAL CERTIFICATION	Condition gave ris cause (a) lying cause PART 2 OTHER SIG	IMMEDIAN s, if any, which e to immediate stating the under- e last. DPERATION CAUSE WAS CAUSE OF I	DEATH	BUT NOT RELATION FOR V	SEQUENCE CONTROL TERMINATE OF THE TERMINATE OF T	ATION WAS PERFO	ORMED?	T I IQI.	FINJURY IN TIEM	18 PART I OR P.	YES	OPSY?
MEDICAL CERTIFICATION	Condition gave ris cause (a) lying cause PART 2 OTHER SIG	IMMEDIAN s, if any, which to immediate stating the under- elast. NIFICANT CONDITIONS OPERATION CAUSE WAS OPERATION CAUSE WAS	DEATH	BUT NOT RELATION FOR V	SEQUENCE CONTROL TERMINATION OF THE TERMINATION OF	DF INAL DISEASE OR CONDI ATION WAS PERFO	ORMED?		FINJURY IN TIEM RETOWN RETOWN RETOWN	18 PART I ORP	YES	OPSY?
MEDICAL CERTIFICATION	Condition gave ris cause (a) lying cause PART 2 OTHER SIG 19a. DATE OF 21a EXTERNA UNDER YANG CONTRIBUTIN 21d INJURY O WHILE AT WORK	IMMEDIAN s, if any, which to ta immediate stating the under- elast. NIFICANT (ONDITIONS OPERATION CAUSE WAS GOOD CAUSE OF I CCURRED NOT WHILE AT WORK y that I tack charg	DEATH	BUT NOT RELATED TION FOR V	SEQUENCE OF THE TERMINAL OF T	ATION WAS PERFO	RY OCCURRED Lade	RI AS	at at a	18 PART I OR P.	YES ART 2) Fable DUNTY Arm	OPSY?
MEDICAL CERTIFICATION	Condition gave ris cause (a) lying cause PART 2 OTHER SIG 19a. DATE OF 21a EXTERNA UNDERVIOUS CONTRIBUTIN 21d INJURY O WHILE AT WORK	IMMEDIAN s, if any, which to ta immediate stating the under- elast. NIFICANT (ONDITIONS OPERATION CAUSE WAS GOOD CAUSE OF I CCURRED NOT WHILE AT WORK y that I tack charg	DUE TO, OR (b) DUE TO, OR (c) CONTRIBUTING TO DEATH 19b. CONDI 21b. TIME O HOUR, A.A. 21c. PRACE STREET, FAC	BUT NOT RELATED TION FOR V	SEQUENCE OF THE TERMINAL OF T	ATION WAS PERFO	RY OCCURRED? Kay or Hearne Inspection	CITYON AND INCIDENTIAL PROPERTY OF THE PROPERT	RTOWN Prince Shirty I manner	And And	YES Labele MINITY Pinion	OPSY?
MEDICAL	Condition gave ris cause (a) lying caus PART 2 OTHER SIG 19a. DATE OF 21a EXTERNA UNDERVISUE CONTRIBUTIN 21d INJURY O WHILE AT WORK 22a. L certif death resulte	IMMEDIAN s, if any, which to ta immediate stating the under- elast. NIFICANT (ONDITIONS OPERATION CAUSE WAS GOOD CAUSE OF I COURRED NOT WHILE AT WORK y that I took charg d fram: Natur Ve I	DUE TO, OR (b) DUE TO, OR (c) CONTRIBUTING TO DEATH 19b. CONDI 21b. TIME O HOUR, A.A. 21c. PRACE STREET, FAC	BUT NOT RELATED TION FOR V	SEQUENCE OF THE TERMINAL OF T	ATION WAS PERFO	RY OCCURRED Lade Inspection micide SPECIFY)	La Are Undetermined	RTOWN RETOWN RETOWN	and in my a	YES Labele MINITY Pinion	OPSY?

Local Manager and Company of the Com Assessed in the first of the contract of the c Control of the second of the s remaining the first of the commence of the self beautiful self-

	FOR STATE REGISTRAR
	1. DECEASED NAME (TYPE OR PRINT)
	3 SEX Female
13	76 BIRTHPLACE (STATEO COUNTRY) Mair
	10 CITY OR TOWN OF

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should be detached for use as the burial-transit permit. Them with the State Dept. of Health and Mental Hygiene prior to be

After this

TO FUNERAL DIRECTOR:

DHMH-16 20M

(VRA 15, 4) 7/78

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
	CEASED NAME	FIRST	N	AIDDLE	l.	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUI	
(1111	L OR PRINTING	MARGA	RET	M. MY	LANDI	ER	Septembe	r 17,	1983	5:15	A.M
3 SE	Х	1	RACE		5 DATE C		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR		
	Female		Whit	te	Augus		7	2 YRS.	MONTHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OF	FOREIGN 7		WHAT COUNTRY?	I.	NEVER MARRIED	9 BALTIMORE CITY	_			
	Main	e	U.	S.A.	WIDOWE		Anne Arun	del C	ounty,		MD.
10 C	ITY OR TOWN OF D	EATH 1				OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINE	SS OR
	Arnold		Joj	yce Lane	ADDRESS)	21012	Housewif	e	at	Home	
13e.	al RESIDENCE (IFNI STATE aryland	136 COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOW Arnold		134. INSIDE CITY LIMITS? YES NO	134. STREET ADDRESS	ane -	21012		
14 F.	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA	_				
	William	M	DDLE	Maccoun		Mary	MIDDLE		Macou	ñ	
	WAS DECEASED EVE		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	E \$S		-210	12
	No	(IF TES, GIVE	- AR OR DATES)	214-16-68	391 1	ir.Henry A. 1	lylander -	Joyce	Lane,	Arno	ld, Me
	PART I. DEATH 1490 Canditians, if ar gave rise to it cause (a), sta	IMMEDIATE iy, which mmediate	DUE TO, OF	R AS A CONSEQUE	NCE OF	of 4,	he thi	~0 (V)		ONSETAND	hs -
z	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS CC	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	VDITION GIV	VEN IN PART I	lo ·	
CERTIFICATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTI	S, WERE FINDS FYING CAUSES		H?
CER	210. ACCIDENT WAS U		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, I	PART 1 OR PART 2)		
Y	OR CONTRIBUTING		H 1100K A./		19						
MEDICAL		RRED	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STA	ATE
	22a. I certify that	this hospite	attended the	e decepsed fram_		, 19	, to		19	that (I) (w	ve) last
1	saw the dece	sed alive an	the body	ofter death	, ar	nd that in (my) (aur) apinian	death accurred an the o	date and had	ur and from the	causes sta	ited
1	220 SIGNATURE	To location	V IIIC COOK	Site Otorii.		DEGREE				SIGNED	
	1 / 7	1	I.		. 11	ATTENDING	MEDICAL STA	AFF	1911	915	27

224. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

- PHYSICIAN DIRECTOR - PHYSICIAN -

James G. Chaconas, M.D.

1521 Ritchie Hwy., Arnold, Md.-21012

23a. BURIAL, CREMATION, REMOVAL Burial Sept. 19, 1983

23c NAME OF CEMETERY OR CREMATORY Ellicott Graveyard

23d LOCATION CITY OR TOWN Ellicott City, Howard, Md.

24 FUNERAL DIRECTOR

Sander & Sons, Inc., Balto., Md. 21213



the first that is post form the print

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral attention pages should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be tilled in thin 72 hardliff with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be institled at any
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	3	0	3	6	EDT
ATH	MONTH	DAY	YEAR	26	HOLLD

1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	EDT	
	CEASED NAME FIRST WILLIAM		LAST	20. DATE OF DEATH MONT SEPTEMBER		
I SE	MALE	BACK 5. DATE OF MONTH			MONTHS DAYS HOURS MIN.	
B	ALTO. MD	US A WIDOWS		9. BALTIMORE CITY OR CO ANNE ARUN	DEL COUNTY	
	GLEN BURNIE	NOW HE ARTUSTEL APIESP		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR TEACHER	IKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
130. 3	STATE MD GUENB	MER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN ANNE TRU NEC	136. INSIDE CITY LIMITS?	130. STREET ADDRESS 1369 FUEN	ACE Brunch nd.	
S	ATHER'S NAME FIRST AT PLEIN MID WAS DECEASED EVER IN U.S. ARME	NIXON ED FORCES? 1166. SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAME OF THE PROPERTY OF TH	VIRGINITA ADDRESS	WACEEN	
	YES NO OR UNKNOWN) (IF YES, GIVE W			+H. NIXON	7569 FURNALE Br. A	
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED FINMEDIATE (one couse per line for (a), (b), and (c), BY: CAUSE (a) <u>Cardiorespir</u>	atory failu	ıre.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if only, which ((b) Massive intracerebral hemorrhage					
	gove rise to immediate couse (a), stating the underlying couse last.	due to, or as a consequence of Hypertensive	cardiovasc	cular diseas	е	
N		nditions <u>contributing to death</u> but opneumonia, and p			N GIVEN IN PART 110	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		20a AUTOPSY? 20b.	IFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18 PAR 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	22a.1 certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did not) v	view the body after death.		death occurred on the date or	, 19, that (In (we) last and hour and from the causes stated	
		mody m.p.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2λ. DATE SIGNED	
	22d PHYSICIAN'S NAME (TYPE OR PE HARSHAD R. M		GLEN BUR	RNIE, MARYLAND	21061	
			CEMETERY OR CREMATORY	LACESTOS -	- COUNTY MARUASTATE	
	UNERAL DIRECTOR AMES A. M.E.	orbo 1785 LAVE	ZEASO. SI	EP 2 6 1983	GISTRAR'S SIGN CURE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 m	
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	TO HOSPITAL OR ATTENDING PHYSICIAN, The	100
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	Ľ.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYPO CERTIFICATE OF DEATH	REG. NO	
1	(TYPE	CEASED NAMED OF ANN	7	DOLAN	20. DATE OF DEATH	MONH DAY YEAR 26 HOUR 9 HOUR
P	3. SE	KEMALE"	White	S. DATE OF BIRTY	49	MONTHS DAYS HOURS MIN
14	(RTHPTACE (STATE OR FOREIGN Greensburg	USA	MARRIED WINEVER MARRIED WIDOWED DIVORCED		WINDER "
Countried	O	ITY OR TOWN OF DEATH	CITY NOT IN SUCH FACILITY, GIVE STREET	Cleveral tosetal	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SCHOOL bus	
35	13a. S	Md. 13b. COUR		ater 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1010 May	yo Rd 3/437
acionine acionine		oseph	MIDDLE LAST ar	ndolph Lotti	e widdle	Morroco
medicol		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	urity no. 17 informant -5444John T. Nol	an Jr. I	SS 1010 Mayor Rd. Edgewater, Md.
njury, or other trou	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU	JENCE OF DEATH BUT NOT RELATED TO THE TERMI	inal disease or cond	DITION GIVEN IN PART 110
.=						
9	TIFICAT	19a DATE OF OPERATION		HOPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
Hem 18 shows ony in	CAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	21b TIME OF INJURY HOUR A.M. MONTH D P.M.	DAY YEAR 19	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
orked or Hem 18 shows ony in	MEDICAL CERTIFICAT	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO 1 YIN ITEM 18 PART 1 OR PART 2) VIN COUNTY STATE
E 7		21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHALE NOT WHALE AT WORK 22g. I certify that (1) (this hasping sow the deceased alive an above, (1) [Are] (did) (5)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 216 HOW INJURY OCCURR 19 211 LOCATION STREET 8/83 . 19	YES NO CITY OR TOW	IN CERTIFYING CAUSES OF DEATH? YES NO 1 YIN ITEM 18 PART 1 OR PART 2) VIN COUNTY STATE
If Hem 21 is marked or Hem		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER, NOTHY MEDICAL EXAMINET 21d. IN JURY OCCURRED WHILE NOT WHILE ALL WORK 22g. Certify that (1) (this haspi sow the deceased alive on above, (1) Ave. (did) (21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, OFFICE Initial) attended the deceosed fram 20 87 19	DAY YEAR 19 216 HOW INJURY OCCURR 19 211 LOCATION STREET 8/83 . 19 ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	YES NO CITY OF INJURY CITY OF TOW death occurred on the dot	IN CERTIFYING CAUSES OF DEATH? YES NO 1 YIN ITEM 18 PART 1 OR PART 2) VN COUNTY STATE Te and hour and from the couses stated 1210. DATE SIGNED F 270. DATE SIGNED
APORTANT: If them 21 is morked or them 1	MEDICAL	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES OF DEA (IF EITHER) 210. I CONTRIBUTION OF THE C	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I 1tal) attended the deceased fram 20 87 Tom the bady after death. OR PRINT)	DAY YEAR 19 211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 224. ADDRESS	YES NO CITY OR TOWN CITY OR TOWN To York death occurred on the dol MEDICAL STAFF	IN CERTIFYING CAUSES OF DEATH? YES NO
APORTANT: If them 21 is morked or them 1	WEDICAL MEDICAL	21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22g. I certify that (I) (this hasping sow the deceased alive an above, (I) (me) (did) (some 12d.) Physician's NAME (Type of 12d.) Physician's NAME (Type of 12d.)	21b TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I 1tal) attended the deceased fram 20 87 Tom the bady effer death. 23b. DATE 23c. 25c. 25c.	DAY YEAR 19 216 HOW INJURY OCCURR 19 211 LOCATION STREET 8/83 . 19 ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TOWN NED (ENTER NATURE OF INJURY) CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICI 23d. LOCATION CITY OR TOWN	IN CERTIFYING CAUSES OF DEATH? YES NO

DHMH - 16 50M 4/B2 (VRA 15, 4)

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RETURNS AD STATEM 16 0 =

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

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	REGISTRAR				REG. NO.			
	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH M	ONTH DAY YEAR	2b. HOU	JR
	Henry	Norman LARACE	Transaction		6. AGE (IN YEARS LAST BIRTH	9-12-83 DAY) IF UNDER 1 YE	8 1 AR IF UNDER	
3. SE	- 1-		5. DATE OF BIRTH	YEAR		MONTHS DA		MIN.
7n B	MALE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	1 9	94	89 9. BALTIMORE CITY OR	COUNTY OF DEATH		
	COUNTRY)		MARRIED LI NEVER MA	RRIED 📙				
	Patterson,	N.J. USA		RCED	Anne Aru		OF BUSINE	MD. ESS OR
-		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	2	(TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUST	RY	
USU	ge water TAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE FORE	Conrolscent (p. Lsi	lk co	
130.	Md. 136 COU	A.A. Co. Annap		LIMITS?	9 Porter	Rd. 214	102	
14. F.	ATHER'S NAME		15. MOTHER'S M		AE .			
1-	acharias a	MODIE LAST	Henr	iT .	TOUR		LAST	
160.	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		rca	ADDRES	S	31	1/12-
	(YES, NO OR UNKNOWN) (IF YES, GI	138-01-02	64 Phyllis	Etic	Kson 9 Po.	rter Rd. A	Longe	0
	18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), and				APPR	OXIMATE INTE	RVAL
	PART I. DEATH WAS CAUSE	ED BY: (TE CAUSE (O) Resper	atoux to	alle	re)			
	4960	DUE TO, OR AS A CONSEQUE	NCE OF					
	Conditions, if any, which	(b) Chronis	abstruct	tive	Respusat	Trul		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCEOF					
	underlying cause last	(c)						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	SEATH BUT NOT RELATED TO	THE TERMI	INAL DISEASE OR CONDI	TION GIVEN IN PART	1(0)	
O.	Congestive	Heart Fail	ure a asi	thon	9			
2	19E DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	ED		10s. IF YES, WERE FIN IN CERTIFYING CAUS		
CERTIFICATION					YES NO	YES 🗌	NO [
1000	DISCONTRIBUTING CAUSE OF DE	The second second second second second second second	Y YEAR 216 HOW MILL	RY OCCURRE	ED (SHITES HATURE OF HUNRY	IN TEM 18, PART 1 GEPART	7	
CA	(IF ETHER, NOTFY WEDICAL EXAMINE	P.M.	19					
MEDICAL	214 NJURY OCCURRED	21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	AHM. ETC.) 21F. LOCATION		CITY OR 10WH	N COUNTY	-	STATE
	What armore a			63	9.75	63		
	1214 I certify that (I) Ithis hosp	sital attended the deceased from	5-20-83	r) pointon d	leath accurred on the date	1070	he rouses in	
	#bove_(I) (we) /did) (did no 2M_SIGNATURE /	ot view the book after death	DEGREE /)	n) opinion o	TOTAL SECTION OF THE SERIES	ALEXANDER OF THE STATE OF THE S	TE SIGNED	
	C SIGNATURE /	200	9111 ATT	ENDING 2	MEDICAL STAFF	_ 0	1 m	on
-	THE PHYSICIAN'S NAME ITTEL	OLIVE TO THE OLIVERY	17% ADDRESS	YSICIAN S	DIRECTOR PHYSICIA	NU 17-	12-6	13
	John A	0 1/1						
230	BURIAL CREMATION, REMOVAL	0. 40 goe 123ch	AME OF CEMETERY OR CRE	MATORY	1734 LOCATION			
	Cremation	The second secon	estview Mem	CONTRACTOR OF THE PARTY OF THE	CITY OF TOWN	re.Md.	. 3	STATE
	UNERAL DIRECTOR	27.1.1.00				SECREGISTRAR'S SOON	TURE	14
14	ARDESLY FUN	ERRI LIME ADDRESS &	no wint	SE DATE	P 1 31983	Jours.	Conce	1
11	The UCS TY TUIV	CIGIFI TOTILE 1						

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fillind in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

retained by the hospital or attending physician.

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executed within 24 hours ofto

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physicion

1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. EDT
	CEASED NAME FIRST HELEN	PALMER	SEPTEMBER 17, 1983 612 PM
3. SEX	EMALE	RACE S. DATE OF BIRTH DAY VEAR PUGLIST 29, 1919 D. CITIZEN OF WHAT COUNTRY? 8.	6. AGE (IN YEARS LAST BIRTHDAY) 1 FUNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN. 9. BALTIMORE CITY OR COUNTY OF DEATH
N	MRYLAND I	ANITED STATES WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	ANNE ARUNDEL COUNTY MD. 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR
USU		NORTH ARUNDEL HOSPITAL THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	CAFFTERIA STAFF SCHOOL BOAKD
Mz	TATE 13b. COUNT ANNE THER'S NAME FIRST MAI	TRUNDEL ARNOLD YES NO X	343 ALAMEDA PARKWAY
	VAS DECEASED EVER IN U.S. ARM (15, NO OR UNKNOWN) (15 YES, GIVE V	ED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT WAR OR DATES) 216-22-4564A HARRY C. F.	ALMER SE (SAME AS 13)
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE #1000 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	1: 14. 1	andial yares
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR AM MONITH DAY VEAD	CITY ORTOWN COUNTY STATE
	22a. I certify the (1) (this hospite	19.4.4	, to, that (Live) lost

obov (W (we) did I did not) view the body after death 22b. SIGNAT

DEGREE

21, 1983

MEDICAL STAFF

27 PATE SIGNED

224. PHYSICIAN'S NAME (TYPE OR PRINT)

BURNIE.

OAKWOOD ROAD, 7845 SUITE 21061

M.D CHARLES 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 236. DATE

231 NAME OF CEMETERY OR CREMATORY
GLEN HAVEN CEMETE

22e ADDRESS

23d LOCATION
CITY OR TOWN
GLEN BURNIE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem. 18 shows any injury, or other traumatic event, the

medicol exol

24. FUNERAL DIRECTOR BARRANCO 504 RITCHIE | SEVERNA PARK

CEMETERY (1250. DATE REC'D
SEP 2 D. BY REGISTRAR

YIVANO LEUMBA BUUA STREET, ATTICKED BY BUSY BY THE RESERVE BY THE RESERVE BY THE PARTY OF THE ONOR BOND, SHITTE 201 ESE A STATE THE STATE OF STATE

7	FOR STATE REGISTRA
	I. DECEASED N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTICICATE OF DEATH

230	-1 C	,

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WILDOTE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
JOHN	Α.	PETERSON	9-	17-83 12NM
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	July 26 1906	YR	s
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
	USA	WIDOWED DIVORCED	Anne Arund	
len Burnie	McManor Nursing		120 USUAL OCCUPATION TE OF WORK FOR MOST OF WORKING Treasu	TEL CUSTRY OF A
Maryland Mo	or other institution give residence before intromery Silver S	pring 13d. INSIDE CITY LIMITS?	422 Windsor St	reet 20910
FATHER'S NAME Jessie	Peters	on IS MOTHER'S MAIDEN NA		Taÿlor
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRE 747	Crestwood Dr.
	W11 400-09-7	224 William E. Pe	terson-son- NW	Wash., D.C.
PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
			YES NO NO	YES NO NO
OR CONTRIBUTION CAUSE OF	DEATH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC. 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Sept 17, 19	Aug. 15, 19 83	death accurred on the date and l	, 1983 , that (I) XX last hour and from the causes stated
22b. SIGNATURE	ed	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF MEDICAL STAFF PHYSICIAN	226 DATE SIGNED Sept. 17, 198
22d. PHYSICIAN'S NAME (TY		22e ADDRESS		
Ira	W. Pearlman, MD	35 Wisc.	Ave., Circle, C	hevy Chase, Md.
30. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
Cremation	Sept. 18,1983	Lee's Crematory	Washington,	

BP. DHMH - 16 50M 4/82

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending phys

MPORTANT: If Hem 21 is marked ar Hem 18 show any injury, ar ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burnal-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remaval

74 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home (VRA 15, 4)

11800 N.H. Ave., Silver Spring, Md.

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STATE OF MARYLAND

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250. DATE REC'D. BY REGISTRAR 65/REGISTRAR GIG

1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND		GIENE	REG.	NO.	5 0 4	EDT
	CEASED NAME OR PRINT)	JOSEPH		NIW	PFIST	ERER	SR		SEPTEM		7, 1983	3.11 PM
3. SE	Male	4.	RACE Whi	te	S. DATE O		0°7°	6. AGE	76	BIRTHDAY)	MONTHS DAYS	
	RTHPLACE (STATE OR F	OREIGN 76.	U.S.	A.	RY? 8. MARRIED WIDOWE		MARRIED D	9. BALT		OR COUN	TY OF DEATH EL COUN	TY MD.
10. C	GLEN BURN				EL [®] HOSP	R OTHER IN		(TYPE OF	WORK FOR MOS	TOF WORKING	LIFE) INDUSTR	OF BUSINESS OR
Ma:	AL RESIDENCE (IF NURS STATE ryland	Balti		GIVE RESIDENCE BE 13t. CITY OR T Lansd		YES 🗌	CITY LIMITS?	3	eet address		ad 212	27
) FA	John	MIC	Joseph	n Pf	isterer	15 MOTHER	Annie	AME	WIDDLE		S	chafer
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE W		16b. SOCIAL S 214-0	1-8520	17 INFORM		Pfist		6 Cou	210 ntry C1	
NOI	Conditions, if ony, gave rise to immedue to immedue to immedue to immediate the course of the course	nediate ig the last.	DUE TO, OI (b) DUE TO, OI (c) NDITIONS CC	1)U	OUTNICE OF	NOT RELATE	D TO THE TER	AL DIS	SEASE OR CO	INDITION G	IVEN IN PART	Tro:
TIFICAL	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WH	ICH OPERATION	N WAS PERF	ORMED	20a /	AUTOPSY?	IN CERT	ES, WERE FIND TIFYING CAUSE YES []	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW	NJURY OCCU	IRRED (ENT	ER NATURE OF IN	JURY IN ITEM)	PART I OR PART 2)	
MEDI	21d INJURY OCCURI	HILE	21e. PLACE (OF INJURY EET, FACTORY, OFF	ICE FARM ETC }	211 LOCAT		S.Ji	CITY OR	TOWN	COUNTY	STATE
		ed olive an did you had you had not) you had not) you had not you	RINT)	ofter death.	9, an	22e ADDRE	ATTENDING PHYSICIAN SS	DRE,	CAL ST TOR PHYS WILKIN MARYLA	S AVEN	22c DAT	, that (I) (we) lost ne causes stated TE SIGNED
	BURIAL, CREMATION, SPECIFY) Buria		9/21/8		Cedar H			23d. 1 Br	OCATION CHY OR JOWN OOK LYT	Pk.	A°A'.	MaryTand

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate hos been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

retained by the haspital or attending physician.

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injury, or other troumatic

IMPORTANT: If Hem 21 is marked or Hem 18 sho

24 FUNERAL DIRECTOR

Puneral Director 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physici should be detoched for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

the funeral director, page 3 d within 72 hours after death

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FOR STATE

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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time	V	U		elli-

REGISTRAR			CERTIFICATE OF D	DEATH	REG. NO.		
I. DECEASED NAME	FIRST	WIDDLE	LAST	2a DATE	OF DEATH MONTH	DAY YEAR	26 HOUR
	Hayes	John	Phipps		9-26-8	3	6:100
3. SEX	4 RAG	CE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		Cauc.	7-29-10	YEAR	73 _{YRS}	MONTHS DATS	HOURS MIN
70 BIRTHPLACE (STATE	E OR FOREIGN 76. CIT	IZEN OF WHAT COUNTR	Y? 8 MARRIED X NEVER A	AARRIED 9 BALTI	MORE CITY OR COUN	TY OF DEATH	
Maryland		U.S.A.			Anne Arun	del Cou	ntv. M
10 CITY OR TOWN OF			SING HOME OR OTHER INST	ITUTION 12a USU	AL OCCUPATION	126. KIND O	F BUSINESS O
N. Lith		ll Charles			eet Metal		t Meta
USUAL RESIDENCE (IF 130. STATE Maryland		INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		Charles		
14. FATHER'S NAME	WIDDLE	LAST		MAIDEN NAME			
William	Phipps	LASI		amie Jeffi	ries	LAS	T
160 WAS DECEASED E	VER IN U.S. ARMED F		CURITY NO. 17 INFORMA	NT	ADDRESS	0.00	
Yes, no or unknown	(IF YES, GIVE WAR C		-6697 Mary	Z A Phin	oc 211 Ch	arles R	a
		couse per line for (o), (b),		A. PILLO	os see cua		MATE INTERVAL DISET AND DEATH
PART I. DE AT	H WAS CAUSED BY:	AA I I	wortate	e car	enun	OL I WEEK	DINSE! AND DEATH
1/02	9			0			
Conditions, if	1	UE TO, OR AS A CONSEC	A PA AAAA	lunes	7 _		
gove rise to	immediate	(6)	00000				
couse (o), s		UE TO, OR AS A CONSEG	DUENCE OF	V			
PART 2 OTHER	SIGNIFICANT COND	TIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED	TO THE TERMINIAL DISC	ASE OR CONDITION O	INCOLUNI DADE L	
Z	SIGNI ICANI CONDI	HONS CONTRIBUTING IN	DDEATH BOT NOT RELATED	TO THE TERMINAL DISE	ASE OR CONDITION C	SIVEN IN PART II	
HOL DATE OF OP	ERATION I	B. CONDITION FOR WHIC	H OPERATION WAS PERFO	RMED 200 A		ES, WERE FINDIN	
E I	4 4 5			YES [/	TIFYING CAUSES	OF DEATH?
21a. ACCIDENT WA		Ib. TIME OF INJURY	21c. HOW IN	JURY OCCURRED (ENTE			
0.0.00.000.000.000.000	CAUSE OF DEATH	HOUR A.M. MONTH P.M.	DAY YEAR				
OF CONTRIBUTING OF EITHER NOTIFY 21d INJURY OC		e. PLACE OF INJURY	21f LOCATIO	N		_	
ALUITE NO	OT WHILE	AT HOME STREET, FACTORY, OFFIC			CITY OR TOWN	COUNTY	STATE
parcolar conscionario	TWORK		1960		01261	23	
220-1 certify this	(II (the hospital) of	ended the deproyed from	and that in (mi)	(ous) onining doct	7 601		that (I) (we) lo
obover (I) ty		the body ofter death		(our) opinion deoth occi	orred on the dote and h		
21% SIGNATURE	1 / J	nge BRa	ung My	TTENDING MEDIC	AL STAFF OR PHYSICIAN	Page DATE	27/F
22d P	NA VE (TYPE ON PRINT)	R B RAMI	NEZ 784	s craham	2 Ra Szov	- 20. B	
	70160	IS 13 KALL	100 2 107	, 000,0000	1 100 2001	Seek K	bum 1
230. BURIAL, CREMATI		DATE 23	NAME OF CEMETERY OR CO	REMATORY 123d LC	OCATION CLY OR TOWN CLT IMORE,		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Raymond C. Fink 426 Crain Hwy. S.W.

Mark Andrews Towns of the State of Land Control of the C in Lather the Court of the Cour and the file are the strong of the feet of this with following purchase - July man 100 6/24/13 3 123 My 1 a se many and a second Test fit fit film that I negled a heart the first of the

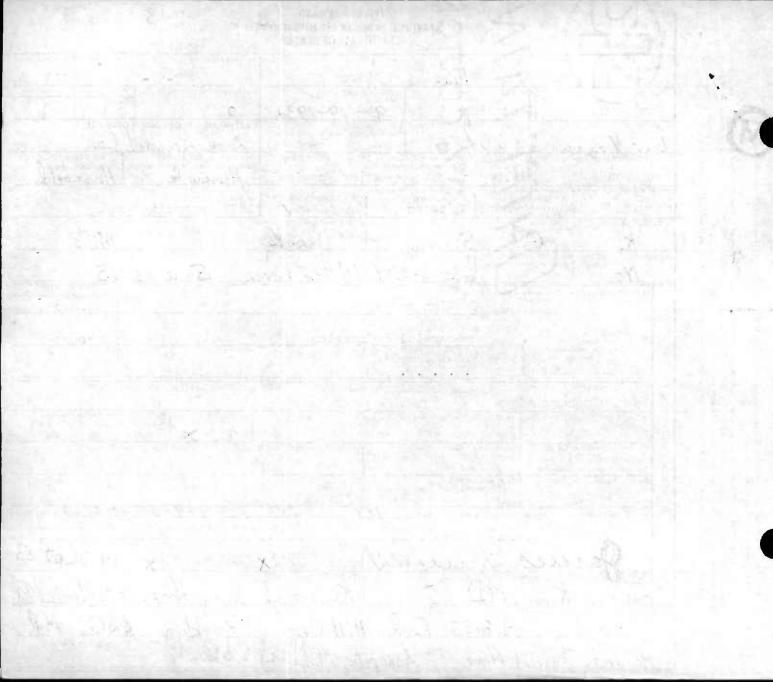
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after resolved by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the functional should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be harded at any
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

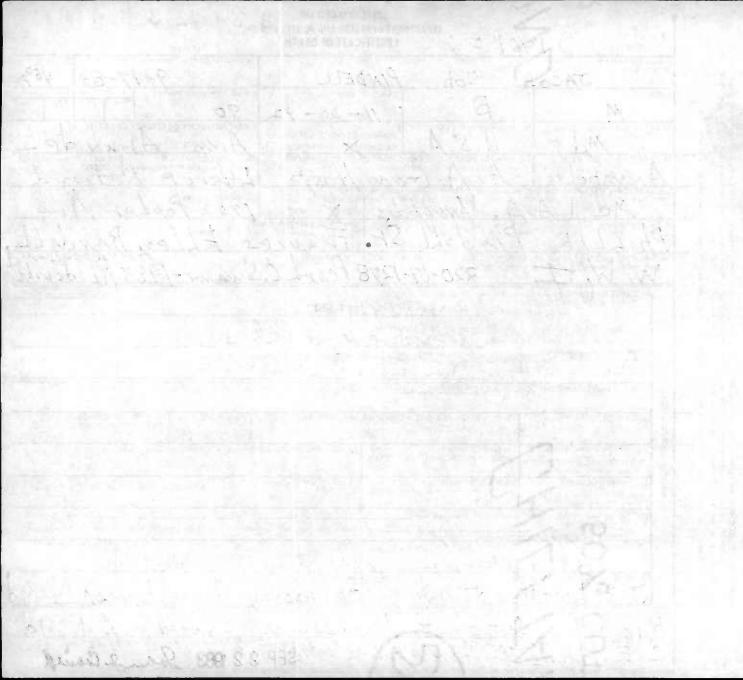
STATE OF MARYLAND 2 3

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-			170	

I	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		REG. NO).		
Ì	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
ı	Betty	Elaine	Pierce		09	-04-8	3	1125 M
Ì	3. SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	Female	Caucasion	9 - 19	-1932	50	YRS.	MONTHS DAYS	HOURS MIN
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVE	R MARRIED D	BALTIMORE CITY OF	COUNTY	OF DEATH	MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER IN	NSTITUTION	120 USUAL OCCUPATION		126. KIND O	F BUSINESS OR
4	Fort Meade USUAL RESIDENCE (IF NURSING HOME O	Kimbrough Army (ospital	Housewife		Hause	hold
	Maryland Anne		13d INSIDE	NO Z	13e. STREET ADDRESS 1558 Annapo	olis l	Road 2	1113
-	14. FATHER'S NAME	Simmon	15. MOTHE	FIRST OSSIE	WIDDIE		M:11	T
	160. WAS DECEASED EVER IN U.S. AF (YES, NOODUNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECULAR OR DATES) 233-48-	8304 W:11	MANT Pierce	e Same	e 95	13	
I	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), or	nd (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	TE CAUSE (D) Cardiac a	arrest				2 ho	urs
1	4100	DUE TO, OR AS A CONSEQU	ENCE OF			180		
	Conditions, if ony, which		al infarction	on			2 ho	urs
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		ED TO THE TERMIN	NAL DISEASE OR CONE	ITION GIV	EN IN PART 10	01
1	₹ R/O Pulmonary	edema						
	R/O Pulmonary 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PER	FORMED	28a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
ï	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW	INJURY OCCURRE	D (ENTER NATURE OF INJUR			
	OR COLUMN TO CHICK OF DE		AY YEAR					
	OR CONTRIBUTING CAUSE OF DE CIFETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f LOCA	ITION ET	CITY OR TOW	N	COUNTY	STATE
1	220 I certify that (1) (this hosp	oital) attended the deceased from_	7-9	1983	_, 109-9	,		that (I) (we) lost
	sow the deceosed alive or obove, (1) (we) (did) (did no	ot) view the body ofter death	, and that in (m	ny) (our) opinion de	eath occurred on the do	te and hou	r and from the	couses stated
	22h. SIG RE	s Xius	MD PEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 💢	45	SIGNED 83
	22d PHY I JAN'S NAME (TYPE OF	OR PRINT)	220 ADDR	broigh	Army Ho	sp.	7+. M.	eacle Met
	230. BURIAL CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY O	R CREMATORY	23d LOCATION	1	NAC	MD
	24 FUNERAL DIRECTOR	11000	/ MIII	250. DATE	REC'D. BY REGISTRAR	Sh. REGIST	RAR'S GIGHAT	WRECUM
	Hardesty Tune	ral Homes ADDRESS	Innapolis, 1	Yd. SEP	1 3 1983	1000	~~	



			FOR	DEDADTA	STATE OF MARYLAND AENT OF HEALTH AND MENTAL HTG	3 2 3	0 4 4
		1-	STATE REGISTRAR	101 Zip	CERTIFICATE OF DEATH	REG. NO.	
			EASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
2 74		(Tree	JACOL	Job	PINDELL	9-1	7-83 45°PM
1 1		3. SEX	44	I. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
HERE'S			M	A	11-20-92	90 YRS	(05.054.51)
子里	35	78. 81	OUNTRY MARKET	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	-KN de Lad.
of the figure of the control of the	53	10.0	WADOLIS	(IF NO IN SUCH FACULTY, GIVE STATES	IG HOME OR OTHER INSTITUTION ADDRESS)	INTE OF WEAK FOR MOST OF WORKING IN	126. KIND OF BUSINESS OR
24 hours	35	USU/	RESIDENCE IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION THE INSIDE CITY LIMITS?	STREET ADDRESS	2/40/2
s within plately i ad 2 sho	20/	15	THERS NAME	Pardolal	ST IS MOTHER'S MAIDEN NAM	to the	Ratifall
d com	0 /	Too. V	AS DECEASED EVEN IN U.S. ARA		RITY NO. 17 INFORMANT	ADDRESS A	WA POUTS-MI
1 60	/	7	J. W. TI	R20-07-	1278 PEALL C.	SWAMN-198	3 Neldeville
onte opper oroli			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), an	- · · · · ·		METWEEN CHIEF AND DEATH
dan p				CAUSE (a) Respond		Λ	
feeth me co	in in		Conditions, if any, which	DUE TO, OR AS A CONSEQUE		uro	
the composition of			gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		yre	SAN TENE
of the please of	ō			ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		EN IN PART 1 (a
flyan Then to b	Land Land	NO	TAM 2. OTTEN GIGINI ICAN C	0.15.110.10 <u>COLUMNOS 1110 10 1</u>	WITH CONTRACT TO THE TERM	THAT DIDEASE ON CONDITION ON	ETT II T PACE 110
and hour been been been been been been been bee	9	CERTIFICAT	1% DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
AN. T shysics ficate from thems of Hyg-	9	1000	TIE ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
Fing (/	MEDICAL	IN STHER NOTES MEDICAL EXAMINERS	P.M.	19 211 LOCATION		•
offer the out of the b	0 0000	MEG	ATTINE CONTROL CONTROL	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F		CITY OF TOWN	COUNTY STATE
P o o o	Ē.			al) attended the deceased fram_	, 19		19, that (I) (we) last
ATT CHECK		1	saw the deceosed alive on abave, (I) (we) (did) (did not		DEGREE	death accurred an the date and hav	22c DATE SIGNED
A OR THE H			Alex	ectenster	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	THE DATE SIGNED
nostri ond be out be			J. R. LICD	tex-stein	20 RIDERL	y Aug-An	WABILIS-Md
55 841	5	130 P	JRIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	coupt of days
BP		24. <u>E</u> L	NERAL DIRECTOR	191, 22-83	INE LAWN 1250 DATE	E RECD BY REGISTRAR 21 REGIST	RAR'S SIGNATURE
OHMH - 16 50M 4/ (VRA 15, 4)	82	C	- INT HICKS	THE AMADREST	POLIS - MOSEP	22 1983 Joan	2 Comment



20M 4/82

STATE OF MARYLAND

Mary Name in State of the State average of the second subsection of the second which the contract All of the land of the standards of the land of the la TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

D

STATE OF MAKTLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	,
CERTIFICATE OF DEATH	

3 6

1,	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST PE OR PRINT! Margaret	Ethel Worthi	ngton Polk	20. DATE OF DEATH MONTH	7, 1983 1000PM
3. SI	Female	White	5. DATE OF BIRTH OCT 12 1889	6. AGE (IN YEARS LAST BIRTHDAY) 93 YE	
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1. BALTIMORE CITY OR COU	undel MD
c /	Thapolls	W NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION PORESS) ON UZIESCENT HOME	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
5 USL 130.		ROTHER INSTITUTION DIVERSIDENCE BEFORE TY 13/ OITY OR TOW The American Company of the Company	N / 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS ON COL	it St. 2/401
14. F	Charles He	Import Worth	INGTON 15. MOTHER'S MAJDEN N.	92ret MIDDLE	Kent
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECU	LUCITE WO	Hangton An	Hranklin to
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	only one cause per line for (a), (b) one iD BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	ENCE OF		JAPPROXIMATE INTERVAL JAETWEEN ONSETJAND DEATH MULLIMITY
CERTIFICATION			DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. If	GIVEN IN PART 110 EYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHITE	HOUR A.M. MONTH DA	19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	S 18 PART I OR PART 2) COUNTY STATE
1	sow the deceased olive ar	ital) attended the deceased from 19	DEGREE	death accurred on the date and	hour and from the causes/stated
	22d PHYSICIAN'S NAME (TYPE	rd H. Peeler	- 22. ADDRESS 121Ca	thedral St.	Annapolis
	BURIAL, CREMATION, REMOVAL OUTIZ	9-10-83 LO	NAME OF CEMETERY OF CREMATORY	Baltimon	
1/2	EUNERAL DIRECTOR 24/07/UNERAL C	Chapel Anna	200/15, Md, 250. DA	SEP 1 4 1983	SISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 haust after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

2 hs. 12 1

TO HOSPITAL OR ATTENDING PHYSKIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death	
with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remayal.	
MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
1	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2	3	U	4	1
9-46				

	1-	STATE REGISTRAR			DEFARIA	CERTIF	ICATE OF DEATH	HIOLK	REG. NO).		EDT
ł		CEASED NAME	FIRST	1	MIDOLE	i.	AST	2a. D	ATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	(TIPE)		MARY			POPPI	E	- 1	SETPEMB	ED 10	1083	0015 PM
	3. SEX			RACE		5. DATE C	F BIRTH	6. AC	E (IN YEARS LAST BIRT	HDAY]	UNDER I YEAR	IF UNDER 24 MRS
	,	Female		Cau	~	MONTH	-22-1900		83	YRS.	NIHS DAYS	HOURS MIN.
di	_	RTHPLACE ISTATE ORF	OREIGN 71		WHAT COUNTRY?	B		9. BA	LTIMORE CITY OF		F DEATH	-
)	C	OUNTRY					NEVER MARRIED					
_		Maryland TY OR TOWN OF DEA	Tu 1	US		WIDOWE	DIVORCED OR OTHER INSTITUTION		JSUAL OCCUPATION	RUNDEL		F BUSINESS OR
1	10. СП	IT OR TOWN OF DEA	'		H FACILITY, GIVE STREET		A OTHER INSTITUTION	(TYPE	OF WORK FOR MOST OF	F WORKING LIFE)		n boshiess on
P		GLEN BURN		NORT			ITAL	H	ousewif	e		
d	13a. S	L RESIDENCE (IF NURS	136 COUNT		13c. CITY OR TOW		13d. INSIDE CITY LIMITS	S? 13e S	TREET ADDRESS			2 Int. 1
)	M	aryland	A.A	. Co.	Glen Bu	rnie	YES NO X	7	641 9th	Cou	rt	1001
1	14. FA	THER'S NAME	Time	DOLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAS	
1			NKNOW		LAST		FIRST	UNKN			LAS	31
	16a W	AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	OTALCE	ADDRE	SS		
	(Y	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-74-	2310	Mary L.	Arri	naton 1	309 F	leanc	ore Dr.
							Hary D.	21111	ingcon i	303 1		
		18. CAUSE OF DEATH PART I. DEATH W	H (Enter only	ane cause per BY:	line far (a), (b), and	1(0)	1-1/	/			BETWEEN	ONSET AND DEATH
		11-11-	IMMEDIATE		cere	ora	-var	nove	202		10	ear.
		4340 DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which (b) arthur recovers							13	ear.		
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							1			
		underlying cause last.										
		PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR CONE	OITION GIVE	V IN PART 1	a
	N N				nm	-						
1	CERTIFICATION	19g. DATE OF OPERATION 196. CONDITION FOR WI				OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		WERE FINDIN	
	불			1000				VE	S NON	IN CERTIFY!		OF DEATH?
ī.	ER	21g. ACCIDENT WAS UND	DERLYING	21b. TIME C	F INJURY		21c. HOW INJURY OC		0			
1		OR CONTRIBUTING		HOUR A.	M. MONTH DA			(
	S	(IF EITHER, NOTIFY MEDI			M.	19	211, LOCATION					
	MEDICAL	21d. INJURY OCCUR!		21e. PLACE	REET, FACTORY OFFICE, F	ARM, ETC)	STREET		CITY OR TO	NN	COUNTY	STATE
		AT WORK AT WO	RK L			-	/	1	91	10	62	
		22a.l certify that (1)		al) attended th	e deceased from_	87	19_6	00	0	19		that (I) (we)-lost
		saw the decease abave, (1) (we) (c	ed alive on_did) (did-net)	view the bady	ofter death.	, dr	nd that in (my) (aut) api	inian deoth	accurred an the do	ite and haur o	and from the	causes stated
		226. SIGNATUR	4 40.	1	10.		DEGREE				22c. DATE	SIGNED
		1.111	Mes	Zaug	Welen.	mi	7 - ATTENDIN	NG ME	DICAL STAF		9/1:	2/83
1	1	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e. ADDRESS			-	-	
								3708	MOUNTAIN	ROAD		
	22 2	RANDAL		AUCHLI		LAME OF S	PASADI	INA I	ARYLAND-	21122		
	73a B	Burial Burial	REMOVAL	236. DATE		100	EMETERY OR CREMATO	73 PAC	CITY OF TOWN	Durni	COUNTY M.	aryland
		Burial		9-14	-83 G.	len h	Haven Mem.		GLEN			

BP______ DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the hospital or attending physician.

Raymond C. Fink 426 Crain Hwy. S.W.

SEP 1 3 1983 John L. Comes

wayno markit nea the property of the party of th 4 /6 (SU) THAT YELD AND THE PARTY OF THE Culture Carried to the fact that the carried the carried THE PARTY OF STREET OF STREET

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGHENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH I. DECEASED NAME MIDDLE YPE OR PRINT! Otis William 10. 1983 PRESTRIDGE Srl. Sept. 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) TE UNDER I YEAR IF UNDER 24 HRS 3. SEX Abril 18, 1919 white 64 male 70 BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ATabama USA AA CO. DIVORCED XX WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Leymar Rd. forklift opt Glen Burnie USUAL RESIDENCE (IF NURSING HOM: OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

AA

GENTLY

GENTLY 13e.STREET ADDRESS / ZIP CODE Rd. Gien Burnie 13d INSIDE CITY LIMITS? 21061 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE Spiral Prestridge (UNKNOWN) ADDRESS 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN) 253/14/3644 Mrs. Helena Dehn (daughter) same as 13 yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

21c. HOW INJURY OCCURRED

DEGREE

IN CERTIFYING CAUSES OF DEATH? NOD

206. IF YES, WERE FINDINGS USED

OR CONTRIBUTING CASSES DEATH

P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FA

HOUR A.M. MONT

21f. LOCATION

CITY OR TOWN

COUNTY STATE

sow the deceased alive on 500 obove, (I) (we) (did) (did not) view the body after death 276. SIGNATURE

CERTIFICATION

ATTENDING 22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

20a AUTOPSY?

22c. DATE SIGNED

236 BURIAL CREMATION REMOVAL 236 DATE

8 F. MANUZAK, M.D.

220.1 certify that (1) (this haspital), attended the deceased from

Hubert F. Manuzak, M.D.

231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Gien Burnien MDN 21061 COUNTY

Cedar Hill Cem Brookly REGISTRAR'S SIGNATURE

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

the the

Burial 13 Sept83

FUNERAL DIRECTOR FUNERAL Home, Glen Burnie, MD

to the state of th terité ... cue su mit de la latin de latin de latin de la latin de la latin de la latin de la latin de latin de latin de latin de latin de la latin de la Exemption of the anti-ord to make the second of the second All painted the second of the all . Go izi wa ety Sidret 1155 y fishir distributed the state of the st

DHMH - 16 50M 4/82

(VRA 15, 4)

-	1.	FOR - STATE REGISTRAR		EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	4 9
		CEASED NAME PEAKL	MEOLY	The.	WAM	20. DATE OF DEATH MONTH DA	\$3 25. HOUSTAM
	1.5E	HEMAR "	White	5. DATE 4 ^{MON}	OF BIRTH/ 11 23 DAY 1938 AR	145 YRS. M	FUNDER I YEAR IF UNDER 74 HRS.
72	I	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Annapolis Md.	76. ČITIZËN OF WHAT CO USA	MARRI		Anne Arundel Co	D. MD.
-	Ar	nry or town of death	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O Anne Arunde	l General	. Hosp.	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN A.A.	NTY 13c. CITY	or town ewater	YES NOTE CITY LIMITS?	13 Pennsylvania	21037 Ave.Edgewater
1	/	Eugene		squith	Ethel		quith
		WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	-26-4106	Judson E. Pu		
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ally one cause per line for (c D BY: TE CAUSE (a)	1), (b), and (c), 1	my arresu		BETWEEN ONSET AND DEATH MM of CC
		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	myo tro	phic Later	al Sclerosin	4mo
	NOIL					INAL DISEASE OR CONDITION GIVE	
1	CERTIFICATION	19a. DATE OF OPERATION		R WHICH OPERATION	ON WAS PERFORMED	YES NO YES	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	19		RED (ENTER NATURE OF INJURY IN ITEM IB PAI	RT I QR PART 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a I certify that Highthis hospi			nd that in (my) (our) opinion	death occurred on the date and hour	that (I) (we) last and fram the couses stated
7		22d PHYSICIAN & NAME (1996)	Mu Marketti Mu	Man	/ / MATENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	M. DATE SIGNED
	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) Rupial	23b. DATE 2-3-83		cemetery or crematory ont Cemetery	Davidsonville	COUNTY A. Md STATE

24. FUNERAL DIRECTOR Annapol 1985; Md. 21401

250. DATE REC'D. BY REGISTRAR 25b. RECOTRAR'S SIGNATURE
SEP 7 1983 John J. Com.

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGTENE
ISTRAR	CERTIFICATE OF DEATH

0	-2	0	Irea	11
2	O	10	0	0

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	TENE REG. NO.	, , ,	4.
	CEASED NAME	FIRST	A	AIDOLE	· ·	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)						September 1	5. 1983	44
3. SE)	(ouise	1. RACE	la Ke	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS
	female		white		MONTH 12	1/13/1912	70 v	MONTHS! DAYS	HOURS MIN.
7a. BII	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY OR COU		
W	ash. D.C		U.S	3.A.	WIDOWE	D NEVER MARRIED DIO	Anne Aruno	del Co.	MD.
10. CI	TY OR TOWN OF DEA	ATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	178. USUAL OCCUPATION	12b, KIND	OF BUSINESS OR
	napolis		1:122	Rivervi	ew A	lvel oup.	supply syste		
USU A	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BEFORE		13d, INSIDE CITY LIMITS?	13e. STREET ADDRESS		1-1-1-1
	Md.		A. Co	Annapo		YES NOTE NOTE		iew Ave	21401
14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME		
	Wm.	,	T.	McClo	skv	Lucy	MIDDLE M .	Mudd	iman
Ióa V	VAS DECEASED EVER	IN U.S. ARA		166. SOCIAL SECUE		17. INFORMANT	ADDRESS	mudu	Illian
D	no or unknown)	(IF YES, GIVE	WAR OR DATES)	577-09-	8785	Maxine R.	Malenda same	e as 13	е.
	18 CAUSE OF DEAT	H (Enter onl	y Dne couse per	line for (D), (b), and	(0).1			APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		BY: E CAUSE (a)	rander	- 1	MARON			
	4149	WWW		AS A CONSEQUE	NICE OF	,			
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) CHONIM CHEEN CHARACTER								
	gove rise to imi	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
	underlying couse		DUE TO, OR	AS A CONSEQUE	NCE OF				
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	INTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	(0)
NO	Dr. 1	n To	4	-1/1/	11	THE TENM	THE DISEASE ON CONDITION	ON EN WITHAM	
CERTIFICATION	190 DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. II	FYES, WERE FIND	INGS USED
F	Jan Hall						YES TO NOT	RTIFYING CAUSE	S OF DEATH?
CER	218. ACCIDENT WAS UN	DERLYING	216. TIME O			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM		
	OR CONTRIBUTING			M. MONTH DA					
MEDICAL	(IF EITHER NOTIFY MEDI 21d INJURY OCCUR		P./ 21e, PLACE C		19	211. LOCATION			
ME		HILE		EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that	5	al) attended the	e deceased from	OC	19/97	5. 10. 0 -15	19 83	thoy () (we) lost
	sow the deceos				53.00	nd that in (my) (aur) opinion o	death occurred on the date and	hour and from the	
	22b. SIGNATURE	did) Helid Jifot	view the bady	atter death.		DEGREE		22c. DAT	E SIGNED
	SA	mil	2/2/1	mn		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-	16-47
	22 d. PHÝSIČIÁN'S N.	AME (ITPE OF	PRINT	1//		22e ADDRESS	DIRECTOR PHISICIAN	- aut	2 (2)
	(3 M)	topol	1 m1)		205 RI	100/1 Ave	Anna	sales
23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23t N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	-	
(Burial		9/17	/83 C	edar	Hill Cemet	ery Suitlar	nd Md.	STATE
24 FL	INERAL DIRECTOR					25a. DATI	E REC'D. BY REGISTRAR 156. RE		TURE
На	ardesty	Funer	al Hom	ie MariRi	dgel	y Ave. AnrSE	P161983 %	and (shield

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 71 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Nem 21 is morked or Hem 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

must be notified of ance

e medical examiner

A THE PARTY OF THEvicalitati injury, or other troumotic

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

|--|

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHNE **CERTIFICATE OF DEATH**

	FOR	D		E OF MARYLAND IEALTH AND MENTAL I	HYGIENE 3	2 3	0 5	1	
1	- STATE REGISTRAR			ICATE OF DEATH	REG.	NO.		ED.	Γ
	CEASED NAME FIRST	WIDDLE		AST	2a. DATE OF DEATH		DAY YEAR	26. HOU	JR
	PATRIC	K J	REILLY		SEPTEMB	ER 19,	1983	530	PM,
3. SE	MALE	white	S. DATE C		6. AGE JIN YEARS LAST	BIRTHDAY) YRS.	IF UNDER I YEAR	IF UNDER	MIN.
1	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COL	UNTRY? 8. MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY ANNE A		COUNTY		WD
	GLEN BURNIE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI NORTH ARUNT	IVE STREET ADDRESS)	TAL	TYPE OF WORK FOR MOS		126. KIND C INDUSTRY	GOU	11
USU 13a. S		MY / 13c. CITY 9	DR TOWN	13d. INSIDE CITY LIMITS	130. STREET ADDRES	SlAd	1171/	7	
14. F.	ATHER'S NAME CISTOPHER FRAN	MIDDLE Reil	19/4	15. MOTHER'S MAIDEN	NAME ROSE		Reill	· ·	1
16a \		RMED FORCES? 166 SOCIA	156-4839	Bette C	Reilly 50	946/A	9dh, 11	ed ent	mo
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COI (b) DUE TO, OR AS A COI 1c) CONDITIONS CONTRIBUTION	aterene	Synlom Class hepo NOT RELATED TO THE TE	Arc Calus erminalidisease or co	ondition GI	IVEN IN PART II:	a	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	ES, WERE FINDIN		TH?	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF IN	JURY IN ITEM TS.	PART T OR PART 2)		-
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR	TOWN	COUNTY	S	STATE
	22a. I certify that (I) (this hosp saw the deceased alive ar abave, (I) (we) (did) (did no		19 an	nd that in (my) (aur) apin	ian death occurred an the		, 19, ur and fram the		
	276. SIGNATURE	Colm		DEGREE ATTENDING PHYSICIAN		AFF SICIAN []	220 DATE	SIGNED	
	22d. PHYSICHAN'S NAME (TYPE O				575 RITCHIE				
23a. E	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	GLEN BUT	RNIE MARYLA RY 238 LOCATION	ND / 10	01		
	GREMATION	9-21-83	West	VIEW PARK	13A / 4	mod e	COUNTY	mi	TALE
24 F1	UNERAL DIRECTOR	1 1 1		/ 25a. I	DATE REC'D. BY REGISTRA	R 256. REGIS	TRAR'S SIGNAT	URE	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TOTAL TIMORA STORM AND THE THE TAKEN THE WILL A LONG TO THE TAKEN A Line of Company of State Wild State of Care Park State of Company of Compan

e ottending physicion and completely filled in by the funeral director move carban papers. Pages I and 2 should be filed within 72 hours of

STATE OF MARYLAND	-1
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	J
CERTIFICATE OF DEATH	

2 3 0 5 2

1	FOR STATE REGISTRAR	DEPART		TH AND MENTAL HYG TE OF DEATH	REG. NO	D.		1
(TY	ECEASED NAME PRINT)	K H-	Rob	st		9 24	83	26. HOUR 4 730 M
3. S	MALE	Canc.	5. DATE OF BI	G-13	6. AGE (IN YEARS LAST BIRT	YRS.	THE DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN NEW York	76. CITIZEN OF WHAT COUNTRY	MARRIED X		Anne Ar	rundel	Co.	MD.
	Annapolis	NAME OF HOSPITAL, NURSI MAN HELLER ALLY LONG THE	100REG ene		175 USUAL OCCUPATION OF THE STREET		INDUSTRY	office
130	Md. 136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13t. CITY OR TOV 1.A. CO. Edgew	vater 13d	INSIDE CITY LIMITS?	130 STREET ADDRESS 117 Edgew	ater,	Dr.2	1037
	FATHER'S NAME Michael J	James Racion		MOTHER'S MAIDEN NA Rose	WIDDLE		Cres	go
160	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI VES	IVE WAR OR DATES)		Catherine	Roberts E	si 117 Edgewa	ter, M	
	PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEQUE	expira al Ca	lory Armucer of the	est he ling		5M ±2	WATE INTERVAL ONSET AND DEATH LILL Flaus
CERTIFICATION		196. CONDITION FOR WHIC			200. AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	NGS USED
	OR CONTRACTOR OF DE CAUSE OF DE	AIR	DAY YEAR	c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I	OR FART 2)	
MEDICAL	AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	LOCATION STREET	CITY OR TO	NN -	COUNTY	STATE
	saw the deceased alive of	oital) attended the deceased from a n 2 3 195 195 195 195 195 195 195 195 195 195	ond th		deoth occurred on the do	ote and hour on	nd from the	
	lete &. Ve	la Den Trus	DEG	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗆	22c. DATE	SIGNED W-83
	224 PHYSICIAN'S NAME (TYPE			6. ADDRESS	D. 1.	11	10.01	21162

DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

certificate has been signed by the urial-transit permit. Then please rem

TO FUNERAL DIRECTOR: After this certificate has been

23a. BURIAL, CREMATION, REMOVAL

Burial

236. DATE

9/27/83

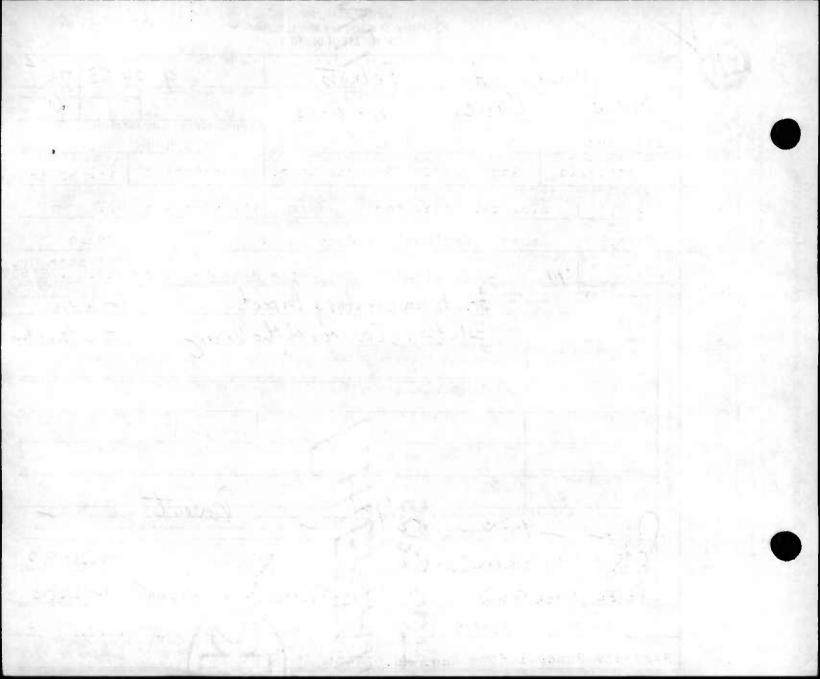
23c NAME OF CEMETERY OR CREMATORY Olivet Cemetery

STATE

23d LOCATION
CITYORTOWN

V Washington D. C.
EC'D. BY REGISTRAR 236, REGISTRAR'S SIGNATURE

Hardesty Funeral Home Ann. Md. 21401 A V 250. DATE REC'D.



STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF BEATH	

13d. INSIDE CITY LIMITS?

17. INFORMANT

NO X

Susan

L. June Blanton

Daughter

15. MOTHER'S MAIDEN NAME

FIRST

WIDOWED

CERTIFICATE OF DEATH				REG. NO.				EDT	
E ROGERS			SEPTEMB		, 1º		26. HOU 10:		
	S. DATE OF BIR April		1°911	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.
COUNTRY?	8. MARRIED NEVER MARRIED			9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

ARUNDEL

135 Coralwood Rd.

Jane

(TYPE OF WORK FOR MOST OF WORKING LIFE) Bus Aid

13e. STREET ADDRESS

White Female 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHA

FIRST

ANNA

4. RACE

West Virginia U.S.A. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BURNIE

FOR - STATE REGISTRAR

(TYPE OR PRINT)

3. SEX

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Dr

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[I

DECEASED NAME

SING HOME OR OTHER INSTITUTION

Maryland A.A. 14 FATHER'S NAME MIDDLE

Charles

(YES, NO OR UNKNOWN)

Canditions, if any, which gove rise to immediate couse (o), stoting the

underlying couse

98 DATE OF OPERATION

ARMED FORCES? (IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO. None

.22.5989 18. CAUSE OF DEATH (Enter only one couse per line for this, the

MIDDLE

MA

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF

13c. CITY OR TOWN

Pasadena

Gardner

ONTHIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITS

YEAR

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

23d. LOCATION 29,88 Meadowridge Mem Fk Elkridge

STATE

24. FUNERAL DIRECTOR DHMH - 16 50M 4/82

Singleton Funeral Home, Glen Burnie, Mb

marked or item 18 IMPORTANT: If them 21 is

(VRA 15, 4)

CERTIFICATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH 21d INJURY OCCURRED WHILE

226. SIGNATURE

(SPECIFY)

RANDY F

230. BURIAL, CREMATION, REMOVAL

Buria1

NOT WHILE

saw the deceased alive on.

above, (I) (we) (did) (did not) view the body after death

DAVIS.

23b. DATE

220.1 certify that (1) (this haspital) attended the deceased from

HOUR A.M.

21f. LOCATION

20g AUTOPSY?

NO

CITY OR TOWN

YES -

(aur) opinion death occurred on the date and hour and from the causes stated

12b. KIND OF BUSINESS OR

A.A. Co.

21122

Coggins

124 Ilene Rd.

APPROXIMATE INTERVAL

20 m

Glen Burnie, MD

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

INDUSTRY

22c. DATE SIGNED

DIRECTOR PHYSICIAN . MD.

MEDICAL

21061

Howard

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with	
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FOR STATE

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

249

250 DATE REC'D. BY REGISTRAR 25 GISTRAR'S SIGNATURE SEP 2 1 1983

5	U	2	4 mg
			ED

	REGISTRAR				-		REG.	NO.			
	EASED NAME OR PRINT)	EDGAR		OWARD	ROSE	LAST	SEPTEM	BER 20	,^1983	305 UR	AM
5EX	Male			ite			6. AGE (IN YEARS LAST I	YRS.	IF UNDER 1 YEAR	IF UNDER 2-	4 HRS MIN.
	Marylar		U.	S.	WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	RECONDE	L°COUNT	Y	MD.
	GLEN BUR			HOSPITAL, NUR		OR OTHER INSTITUTION TITAL	120: USUAL OCCUPA (TYPE OF WORK FOR MOS' Foreman	OF WORKING L	12b. KIND (INDUSTRY Machi	ne Sho	S OR
SUA O S	RESIDENCE (IFN Maryland	136 AOUN	OTHER INSTITUTION	GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	7481 Funn	ace Bi	(21061 ranch R	d.,Apt	t.F
FAT	THER'S NAME	ackson '	AIDDLE	Rose		15. MOTHER'S MAIDEN NA. Anna	T. MIDDLE	16	LA	ST	
o W	AS DECEASED EV		MED FORCES?	705-05		Sarah K. Ros		ress as 13e))		
	18. CAUSE OF DE PART I. DEATH	WAS CAUSE	y one couse per DBY: ECAUSE (a)	line for (o), (b),	and (c).1 RD1A	e ARRE	81		BETWEEN	ONSET AND D	AL
ON	Conditions, if o gave rise to cause (a), sta underlying car PART 2. OTHER S	immediate ating the use last.	(c)	R AS A CONSEC	TYPE	MYOCARD ERTENSIC TNOT RELATED TO THE TERM	Mc	PACE INDITION GI		0.	
CEKTIFICATION	190 DATE OF OPE	RATION	19b COND	ITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI IFYING CAUSES ES []		1?
4	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M 21d. INJURY OCC	CAUSE OF DEA	P. 21e. PLACE	M. MONTH M. OF INJURY	DAY YEAR	211 LOCATION			PART 1 OR PART 2)	STA	
Mil	AT WORK	WHILE WORK		REET, FACTORY, OFFI		STREET - 6 - 10 22	CITY OR	• 20	(2)		_
	22b. SIGNATURE 22d. PHYSICIAN'S	egsed alive on (did not left) (did not left) (did not left)) view the body	19 - 19	85.0	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL ST	AFF SICIAN THE	SUITE	SIGNED 2	
	URIAL, CREMATIO	N, REMOVAL	23b. DATE 9/23/			CEMETERY OR CREMATORY Hill Cemetery	23d LOCATION Brook Lyn	Pk.,/	A.A.Co.	,Mary]	Land

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or otte

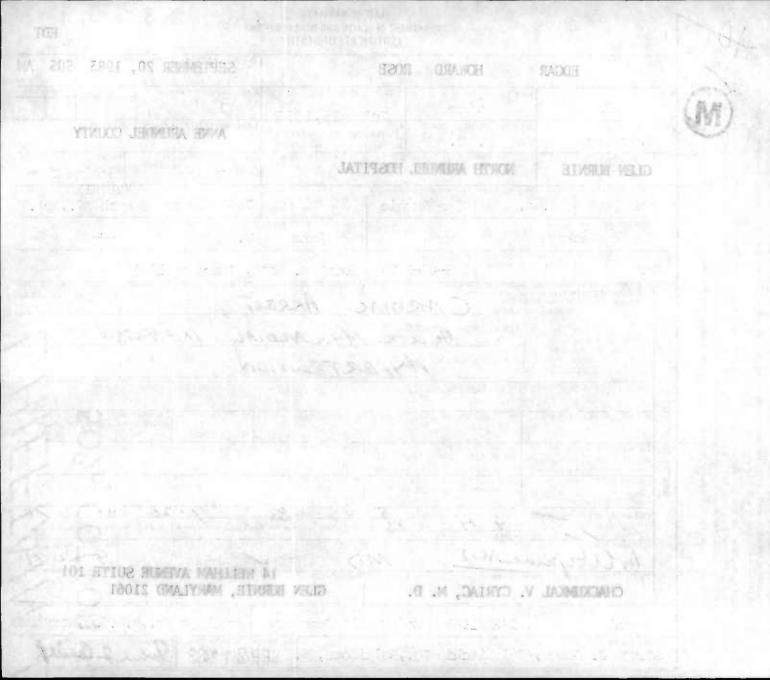
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely littled in by the should be detached for use as the buriol-transit permit. Then please remove continuations are continued to the field with the State Dept. of Health and Mental Hygiene prior to build cremation, or immoral.

IMPORTANT: If them 21 is morked or them 18 shows any

24 FUNERAL DIRECTOR

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.



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TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

other troumotic

injury,

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MPORTANT:

CERTIFICATION

MEDICAL

WHILE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHNE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

REG. NO MONTH

20. DATE OF DEATH 2b. HOUR 1983 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS

HINDA 1905

9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL

MD 126. KIND OF BUSINESS OR

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION nemploued

13a. STREET ADDRESS

INDUSTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 135 COUNTY Pasadena

ROSE

5. DATE OF BIRTH

Mau

WIDOWED

13d. INSIDE CITY LIMITS? NO X

osemine

DIVORCED |

165 Dunlap Ave 15. MOTHER'S MAIDEN NAME

MIDDLE

Unk

Manuel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YENO OR UNKNOWN)

14. FATHER'S NAME

FOR - STATE

REGISTRAR

Male

10 CITY OR TOWN OF DEATH

GLEN BURNIE

70. BIRTHPLACE ISTATE OR FOREIGN

FIRST

FRANK

4. RACE

Anne Arundes

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

I. DECEASED NAME

lass.

13a. STATE

(TYPE OR PRINT)

3. SEX

76 CITIZEN OF WHAT COUNTRY?

166 SOCIAL SECURITY NO

Rose

17. INFORMAN Jackson 13 Spring Knoll Dr. 21122

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a Canditions, if any, which gove rise to immediate cause (a), stating the

underlying cause last.

PART I. DEATH WAS CAUSED BY:

OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

5-402c

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

21b. TIME OF INJURY HOUR A.M. MONTH DAY

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)

COUNTY STATE

22a.1 certify that (1) (this haspital) attended the deceased from

DEGREE

__, and that in (may) (aur) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED

724 PHYSICIAN'S NAME (TYPE OF PRINT)

220 ADDRESS

ATTENDING MEDICAL STAFF BALTIMORE-ANNAPOLIS BLVD

CLEN RURNIE 23(NAME OF CEMETERY OR CREMATORY

23d. LOCATION Park

COUNTY STATE

BP.

HOSPITAL

24 FUNERAL DIRECTOR

(VRA 15, 4)

DHMH - 16 50M 4/82

ully typeral Home 3204 Mountain Rd. 21122

23e. BURIAL, CREMATION, REMOVAL 23b. DATE Buria

Glan Haven Mem.

25a. DATE REC'D, BY REGISTRAR 25b.

saw the deceased alive an 9/11 abave, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE

NOT WHILE AT WORK

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

P.M

YEAR

21f. LOCATION

CITY OF TOWN

21061

The state of the s We would be to the same of the id. in the andel condens x for marine in 27122 water colegicae (m. no WA CHATTA Hand Jackson 13 Species and I to 2012 5. The street of handed -11-3 Splan dayen Fred ser Den hande in d. no exilination to enter authorized at the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND	60-
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CENTIFICATE OF DEATH	

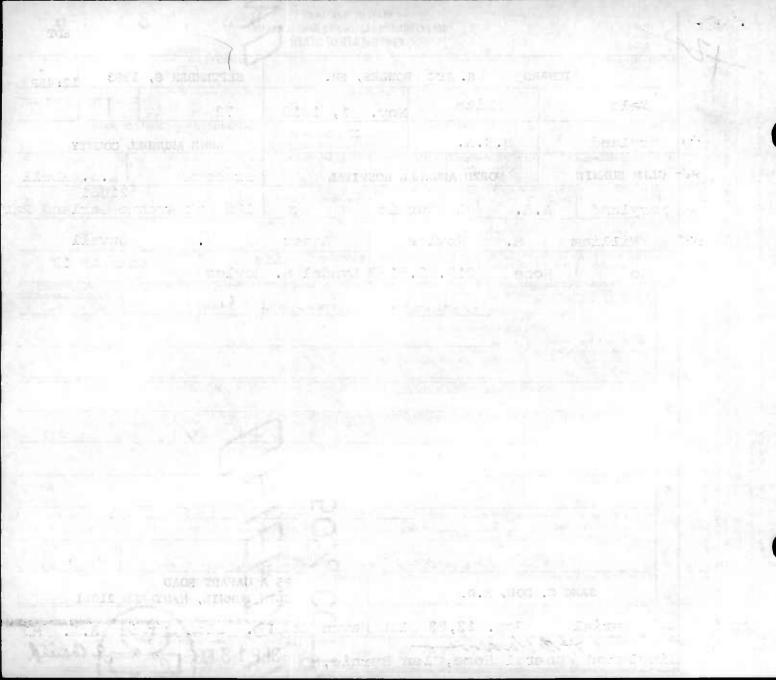
23056

Le (STATE OR FOREIGN 7) Land OWN OF DEATH 1) BURNIE	Mhite b. CITIZEN OF WHAT COUNTRY? U.S.A. NAME OF HOSPITAL, NURSIN	S. DATE OF MONTH NOV. 8. MARRIED WIDOWED		20. DATE OF DEATH MG SEPTEMBER 6. AGE (IN YEARS LAST BIRTHD 72 9. BALTIMORE CITY OR	8, 1983 IF UNDER I	DAYS HOURS MIN.
RICHAR Le CE (STATE OR FOREIGN 7) Land OWN OF DEATH 1 BURNIE	Mhite b. CITIZEN OF WHAT COUNTRY? U.S.A. NAME OF HOSPITAL, NURSIN	5. DATE OF MONTH NOV • 8. MARRIED	1, 1910	6. AGE (IN YEARS LAST BIRTHE	YRS.	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Le (STATE OR FOREIGN 7) Land OWN OF DEATH 1) BURNIE	White b. CITIZEN OF WHAT COUNTRY? U.S.A. 1. NAME OF HOSPITAL, NURSIN	NOV . 8. MARRIED	1, 1910	72	YRS.	DAYS HOURS MIN.
land OWN OF DEATH BURNIE	U.S.A. 1. NAME OF HOSPITAL, NURSIN			9. BALTIMORE CITY OR	COUNTY OF DEAT	TM
BURNIE			DIVORCED [ANNE AR	UNDEL CO	
ENICE HENHARING HOME OF C	NORTH ARUNDE	IG HOME OR	OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Pressman	ORKING LIFE) INDU	ND OF BUSINESS OF STRY S. Abell
land A.		nie	YES NO 🔀	13e STREET ADDRESS 105 Oak A	210 venue G	
	M. Rowles	5	Agnes	$\Lambda_{\text{widdfe}}^{ullet}$		vall1
UNKNOWN) (IF YES GIVE	WAR OR DATES!		1177	е	Same	as 13
tians, if any, which rise ta immediate (a), stating the lying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	TION GIVEN IN PA	INDINGS USED
TRIBUTING CAUSE OF DEAT	"		21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY	YES	NO [
JURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION STREET	CITY OR TOWN	d COUN	NTY STATE
w the deceased alive an accept, (I) (we) (did) (did not	i view the pody after death.	83, and	d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	death accurred on the date	22c.	m the causes stated DATE SIGNED 7-3-53
	CEASED EVER IN U.S. ARM CEASED EVER IN U.S. ARM (IF YES GIVE NO USE OF DEATH (Enter an) IT DEATH WAS CAUSED IMMEDIATE (a), stating the (a), stating the (bying cause last.) COTHER SIGNIFICANT CO THE OF OPERATION COLDENT WAS UNDERLYING THE INTERBUTING CAUSE OF DEATHER. NOTHER MEDICAL EXAMINER. UJURY OCCURRED NOT WHITE THE COUNTY COUNTY CAUSE OF DEATHER. NOTHER MEDICAL EXAMINER. UJURY OCCURRED NOT WHITE THE COUNTY COUNTY CAUSE OF DEATHER. NOTHER MEDICAL EXAMINER. UJURY OCCURRED NOT WHITE THE COUNTY COU	PROVIDE CEASED EVER IN U.S. ARMED FORCES? CEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) NONE USE OF DEATH (Enter anly one cause per line far Ia), (b), on RT I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE (a), stating the cause last. COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO INTERPRETING CAUSE OF DEATH HER. NOTHEY MEDICAL EXAMINER) USE OF OPERATION 19b. CONDITION FOR WHICH HER. NOTHEY MEDICAL EXAMINER) UJURY OCCURRED (A) THE OF OPERATION 21b. TIME OF INJURY (A) HOME. STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (A) THE OF OPERATION TO INTERPRET HOUR A.M. MONTH D. P.M. (A) HOME. STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (A) THE OF OPERATION TO INDURY (A) HOME. STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (A) THE OF OPERATION TO INDURY (A) HOME. STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (A) HOME. STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (A) HOME STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (B) THE OPERATION TO INDURY (A) HOME STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (A) HOME STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (B) THE OPERATION TO INDURY (A) HOME STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (A) HOME STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (B) THE OPERATION TO INDURY (A) HOME STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (B) THE OPERATION TO INDURY (A) HOME STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (B) THE OPERATION TO INDURY (A) HOME STREET, FACTORY, OFFICE, IN MEDICAL EXAMINER (B) THE OPERATION TO INDURY (C) THE OPERATION TO INDURY (A) THE OPERATION TO INDURY (B) THE OPERATION TO INDURY (C) THE OPERATION TO INDURY (A) THE OPERATION TO INDURY (B) THE OPERATION TO INDURY (C) THE OPERATION T	MIDDLE ROWLES CEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) NONE USE OF DEATH (Enter only one couse per line for 10), (b), and (c). IMMEDIATE CAUSE BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOR CAUSE OF DEATH (INTERUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH COURT WAS UNDERLYING TO THE CAUSE OF INJURY HER. NOTIFY MEDICAL EXAMINER) DUE TO, OR AS A CONSEQUENCE OF (c) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 UNRY OCCURRED NOT WHILE AT WORK NOT WHILE AT WORK W the deceased alive an ATWORK W the deceased alive an ATWORK W the deceased alive an ATWORK (I) (we) (did) (did not) view the bady after death. GNATURE	Mode Rowles Agnes CEASED EVER IN U.S. ARMED FORCES? RUNKNOWN) (IF YES, GIVE WAR OR DATES) NONE USE OF DEATH (Enter only one cause per line for IO), (b), and ICL) RT I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM THE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CICIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (HER, NOTIFY MEDICAL EXAMINER) LIURY OCCURRED MOT WHILE 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CICIDENT WAS UNDERLYING 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) We the deceased alive on Park We the deceased alive on Park	Illiam Modes Rowles Agnes V. ROWLES V. ROWLES Agnes V. ROWLES V. ROWLES V. ROWLES Agnes V. ROWLES V	THE STATE OF OPERATION THE ST

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Singleton Funeral Home, Glen Burnie, MD SEP 13 1983



certificate be executed within 24 hours ofter death. Page 4

FOR

STATE OF MARYLAND

BEPARTMENT OF HEALTH AND MENTAL HYGIENE

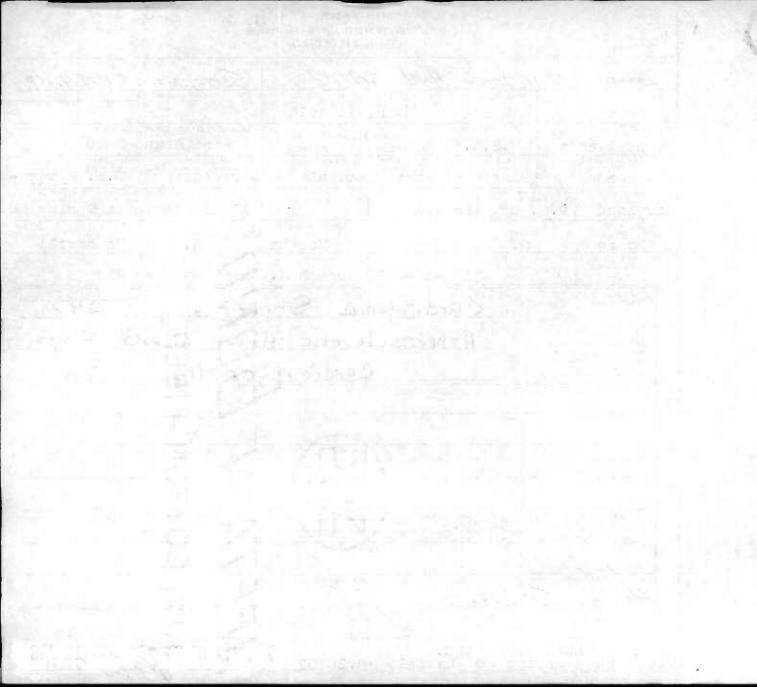
	REGISTRAR		CERTIFICA	IE OF DEATH	REG. NO.		
	1. DECEASED NAME FIRST	MIDDLE	LAST	,	20. DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
	THAT MA	RTHA ANN	1 5A	111	SEPTEMBER	c 29 198	3 4:45PM
	3. SEX 4	4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER TYEAR	
	Female	White	June]	, PAY 192 O	63	YRS. DATS	HOURS MIN.
4		76. CITIZEN OF WHAT COUNTRY?	8	CNEVER MARRIED	9. BALTIMORE CITY OR CO		
2	Pennsylvania	U.S.A.	WIDOWED [DIVORCED [Anne Ar	undel Co) • MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OT	HER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
	Ft. Meade	Kimbrough Arn	_	pital	Secretary	DRKING LIFE) JNDUSTRY	Govern-
A	130. STATE HE OUNTED			INSIDE CITY LIMITS?	13e. STREET ADDRESS		20708
1	Maryland P.G.	. Co. Laurel			13013 Mis	tletoe S	pring Rd
1	14 FATHER'S NAME FIRST M	AIDDLE LAST	15 /	NOTHER'S MAIDEN NAM	AE MIDDLE	_1	AST .
4	Thomas	H. Sheehe		Martha	E.	Hath	erill_
2		WAR OR DATES)		NFORMANT	ADDRESS	1110	
-	No.	184-16-	-5621 L	Joseph R.	Sain same	as #13	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and	dicki .	01.		BETWEET	NONSET AND DEATH
	1754 IMMEDIATE	E CAUSE (D) CGrail) genie	2 NO	CC	2	4 m
1	7201	DUE TO, OR AS A CONSEQUE	NCE OF	1. 11		. 0	7
	Conditions, if any, which	(b) HTNer	DS CIR	votic H	eart dis	eace	- 900
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF	11/10	a mille	3	
		(c)		arcio ra	10007ng		yus
		ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT	RELATED TO THE TERMI	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	10'0
	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	AS PERFORMED	20g AUTOPSY? 20t	b. IF YES, WERE FIND	INGS USED
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					CERTIFYING CAUSE	
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c.	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN		
			Y YEAR				
9	OR CONTRIBUTING (CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21e. PLACE OF INJURY	211	LOCATION			
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (I) (this hospital	ol) ottended the deceased from _	26 5	EFT 19 P3	10 79 57	11 19 83	that (I) (we) last
1	sow the deceased alive on _ above, (1) (we) (did (did not)	19 SECT 19 1	3, and the	ot in (my) (our) opinion d	leath occurred on the date o		
	22b. SIGNATURE	New the body offer depth.	DEGR	REE		22c. DAT	E SIGNED
	Much	Hes		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	In l	
	224. PHYSICIAN'S NAME (TYPE OR	PRINT	22e	ADDRESS			
	HENRY SI	AUNDERS,	100				
	230 BURIAL, CREMATION, REMOVAL		AME OF CEMET	ery or Crematory n National	23d. LOCATION		
	(SPECIFY) Burial		cemete	rv	Arlingto	virgi	inia
	FLECK FUNERAL	HOME, INCAMORESS		25a. D. A.I.	Sheeld "BATBECKED = AM"	REE ZEAR SHOW	Lier
	FLECK FUNERAL 7601 Sandy Spr	ing Rd. Laure	el, Md.	20707 S	EP301983	John I	Courie
					0	-	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remavol.

IMPORTANT: If hem 21 is marked or than 18 shows ony injury, or other traumatic event, the



signed by the offending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygene prior to burial, cremation, or IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other tr

X	1.	FOR STATE REGISTRAR		DEPARTM	NENT OF HE	OF MARTLAND ALTH AND MENTAL HYG CATE OF DEATH		2 3	0 5	8
		CEASED NAME FIRST OR PRINT) APTHUM	A RACE	ILE .	5 DATE OF	HEESINGER	REG. N 20. DATE OF DEATH C 6. AGE (IN YEARS LAST BI	9-0-	Y YEAR 2-83 UNDER 1 YEAR	26. HOUR 1 30pm IF UNDER 24 HRS
		Male RTHPLACE (STATE OR FOREIGN		Thite	U3	29-1902	8 N	YRS.	DAYS DAYS	HOURS MIN.
29		TY OR TOWN OF DEATH	454		WIDOWED		Anne 1	FRYNK.	1861	Co. MD
54	GL	en Burnie	(IF NOT IN SUCH FA	CHLITY, GIVE STREET	DDRESS)	N.A.HOSP.	Type OF WORK FOR YOST	OF WORKING LIFE		ent Make
35		AL RESIDENCE (IF NURSING HOME OF	MIXA HAC	CITY OR TOWN	Beach	YES NO NO	13e STREET ADDRESS	E WOOL	Rivier	a Beach
20	14 FA	THER'S NAME FIRST George	MIDDLE	Schle	ingen	IS. MOTHER'S MAIDEN NA PIRST ROSA	WE		Munk	el
/		VAS DECEASED EVER IN U.S. AF VES. MO OR UNKNOWN) VAF YES, GI	MED FORCES?	213-05-4		Mrs. Louise (.	Schlesinge		e as do	ove
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line ED BY: TE CAUSE (a)	tor (a), (b), and	MYO	CARDINC	INFARC	TION	BETWEEN C	MATE INTERVAL ONSET AND DEATH
		4100 Conditions, if any, which	DUE TO, OR AS	S A CONSTOUR	NCE OF	lurla Cal	disvocal	I Day	16 4	y
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	S A CONSEQUE	NCE OF					
	NOIL	PART 2 OTHER SIGNIFICANT	ONDITIONS CONT	RIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	ou, No	EPMRO.	SCEEK	1001
1	CERTIFICATION	19a DATE OF OPERATION		N FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
9		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M.	NONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	T 1 OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		sow the deceased alive or above, (1) (30) (3rd) (did no	7/19	19 5	33.on	that in (my) (and opinion	to 09	ate and hour o		that (I) (Ne) lost
		226. SIGNATURE Willing	Ilgne.	ler	0	ATTENDING PHYSICIAN	MEDICAL STA		DATE !	13 83
1		22d. PHYSICIAN'S NAME (TYPE O	GRAPHINT)	-WY		8206 F	Er. Surpri	WOOP	RV.	Ballens

DHMH - 16 50M 4/B2

(VRA 15, 4)

TO HOSPITAL OR

BP.

24 FUNERAL DIRECTOR Tully Funeral Home, Mt. & Tickneck Rds. PasadenaSFP

230. BURIAL, CREMATION, REMOVAL

Burial

Sept. 7, 1983

23c. NAME OF CEMETERY OR Hillcrest Mem. (emt. Md. 27122 23d LOCATION
Federalsburg,

25a. DATE REC'D.

THE REPORT OF THE PERSON OF TH The state of the s The state of the s Agency - with a region by the latter. Manager and Approximated Comments of the property of the comments of the comme Charles and the same of the sa of the familiar of the first of the familiar of the first of the first

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	100	(E)
,	IG PHYSKIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4. attending physician.	but this certificate has been signed by the offending physicion and completely filled in by the formating a rate.
	1	y the fo
	hours	d in b
	ho 24	shy fills
	red wit	and 2
	execu	ond ca
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	certific	ng phy
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	The lo	e hos
	CIAN	of from
	G PHYSICIAN, The attending physicio	this ce
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anny injury, or other troumotic event, the medi

MPORTANT: # hem 21 is

O HOSPITAL OR

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

da	5	U	5	- 5

1-	FOR STATE REGISTRAR			DEPAR	CERTIF	EALTH AND MEN	TAL HYG		EG. NO.) ()	2	7
1. DE	CEASED NAME	FIRST	M	IDDLE	U	AST		20. DATE OF DE	ATH MONTH	DAY	YEAR	26. HOUR
		GEORGE		E.	S	CHNOERR		Lept	21	,198	23	8 5M
3. SE	Х	4. RAC	E		S. DATE O			6. AGE TINYEARS	LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 74 HRS
	Male		Wh	ite	"Io"	26	80	74	Y	RS.	DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOR	EIGN 76. CIT	IZEN OF V	VHAT COUNTRY	? 8	NEVER MAR	DIED [9. BALTIMORE	CITY OR COL	JNTY OF DE	ATH	
	aryland	U	.S.A.		WIDOWE			Anne	Arund	el Cou	inty	MD.
10 C	ITY OR TOWN OF DEATH			OSPITAL, NURS		ROTHER INSTITUT	TION	12a. USUAL OCC		12b.	KIND O	Balto
	verna Park	M	eridi	an Nurs	ing Cer	nter		Pump Op			ty V	vater
130. S Ma	AL RESIDENCE (IF NURSING STATE	Baltime	ore	GIVE RESIDENCE BEFO 13c. CITY OR TO Re1a	WN	13d. INSIDE CITY L	IMITS?	13e. STREET ADD 201 Gu		21	1227	vept.
14. FA	ATHER'S NAME	WIDDIE		LAST		15. MOTHER'S MA			ODLE		LAST	
	George	MIDDLE		Schn	oerr	Ler	na	Mi	M.		LASI	
	WAS DECEASED EVER IN	U.S. ARMED FO		166. SOCIAL SEC	URITY NO.	17. INFORMANT			ADDRESS			
	NO NO	(IF YES, GIVE WAR O	OR UATES]	217-09	-3989	Doris E	Let	vin 201	Lyne1	Court	2]	1146
CERTIFICATION	Conditions, if ony, we gove rise to immediate cause to immediate cause to the cause	which diote the lost.	UE TO, OR (b) C UE TO, OR (c) ITIONS CO		UENCE OF	Possible NOT RELATED TO		20a AUTOPSY	(? 20b. I	V GIVEN IN I	FINDIN	GS USED
AL CER	21a. ACCIDENT WAS UNDER!	JSE OF DEATH	Ib. TIME OF HOUR A.A	A. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE	OF INJURY IN ITE	M IS PART I OR	PART 2}	
MEDICAL	21d. INJURY OCCURRED	21	e. PLACE C	OF INJURY		21f LOCATION					116.00	STATE
ME	WHILE NOT WHILE	□ ^{(^}	AT HOME, STRI	EET, FACTORY, OFFICE	FARM, ETC.)	STREET		CI	TY OR TOWN	co	YINU	STATE
	22c. I certify that (I) (the saw the deceased above, (I) (we) (did 22b. SIGNATURE		101	deceased from 19.	¥3 on	d that in (my) (our	9 r) opinion o	, to death occurred or	the date and			
	H-Tan	1/100	OLA	ensi	MA)	PHY	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [
3	Dr. Towhid:					3236 Mc	ounta:	in Road;	Pasad	ena. 1	Md. 2	21112
23a. I	BURIAL, CREMATION, RE		DATE	230	NAME OF C	EMETERY OR CREA		23d. LOCATIO	N			
	(SPECIFY) Burial		9/24/			ne Park		Wood:		Balti		e Md.
	UNERAL DIRECTOR	17.15		ADDRESS	2	1229	25a. DAT		SI BAR 256 RE			
Щ	ibbard Funer	at nome	e, in	410/	Wilker	is Ave.						

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TO THE STATE OF	Key Steady			. 5.5.4	LILYE
	ration and				
				1 00	
		1 192.40	-17-32		



Succession File .nnl .epop forest oroidel

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

MIDDLE

13c CITY OR TOWN

white

USA

4 RACE

A.A.Co.

В

PART I. DEATH WAS CAUSED BY:

MIDDLE

IN U.S. ARMED FORCES?

II WW

18. CAUSE OF DEATH (Enter only one couse per life for (a) (b), and (c).)

23b. DATE

9/13/83

STATE OF MARYLAND

2a. DATE OF DEATH 6. AGE (IN YEARS LAST BIRTHOAY) 5. DATE OF BIRTH IF UNDER 1 YEAR 30 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Arundel Anne

76. CITIZEN OF WHAT COUNTRY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION A'Hn'esucharunger and Hosp.

120 USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! retired Telephone 13e. STREET ADDRESS

26 HOUR

IF UNDER 24 HRS

13d. INSIDE CITY LIMITS? 1718 Gambrills YES [NO X Underwood 15. MOTHER'S MAIDEN NAME MIDOLE Schwier Blanch Hynson

16h SOCIAL SECURITY NO. 17 INFORMANT Underwood Rd. 577-16-2143 Bertha F. Schwier Gambrills.Md.

, IMMEDIATE C	AUSE (a) MCUTE VUGOC	avour In	Ja V CIEU	minary	
4100	DUE TO, OR AS A CONSEQUENCE OF				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)				
((c)BDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(8)	
196 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED	
			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO	
21g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
21d. INJURY OCCURRED WHILE OF WHILE TO WHILE TO WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	COUNTY STATE	
saw the deceased alive an above, (1) (we) (did) (did nat) W	ottended the deceased from NNX 9 2 19 7 an	d that in (my) (aur) opinian	death occurred on the de	19 that (I) (we) la	
226. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 9/10/83	
278 PHYSICIAN'S NAME (TYPE OF PRI	NT)	22e. ADDRESS			

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B2 (VRA 15, 4)

marked or Item 18

MPORTANT: If Item

24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

Burial

STATE

TYPE OR PRINTS

COUNTRY

Md.

4. FATHER'S NAME

Harvy

ves

3 SEX

REGISTRAR . DECEASED NAME

To BIRTHPLACE (STATE OF FOREIGN

andover, Md

Annapolis

18 CITY OR TOWN OF DEATH

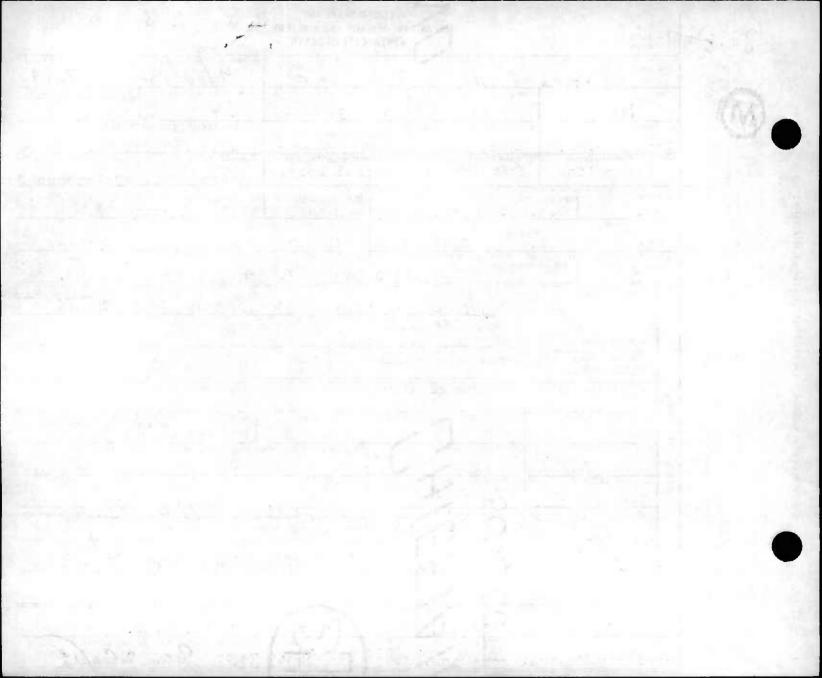
Prospect Methodist Hardesty Funeral Home Ann. Md. Ridgely

23d. LOCATION

Airy

Mt

COUNTY



ie funeral director, page 3 within 72 hours offer death

					AND	9	
DEPARTMEN	T OF	HE/	ALTH	AND	MENTAL	HYGTENE	
C	ERT	IFIC	ATE	OF	DEATH		

3061 2

L	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	ECEASED NAME FIRST	RUTH	MIDDLE	0	AST SCOLA	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		th ((NMN)	Sc	ola	SEPTEMBI	ER 3,	1983	6 PM
3 SE	EX	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATS	IF UNDER 24 HRS
	Female	WHIT	E	Aug	. 25, 1898	85	YRS		
70 B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
_	Maryland	U.S	5.A.	WIDOWE		A.A	. Co	unly	MD.
10 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING I		F BUSINESS OR
m	ellerwille in	nd Know	llwood	e m	ranor	011	loyes	Tave	rn
USU 13a	STATE 136 CC	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	. / /	12	1144	
11	mymad A.		Severn		YES NO NO	7852 W.I	3. &	A. RD.	
14.5	ATEN'S NAME	WIDDIE	LAST		IS MOTHER'S MAIDEN NA				
1	James		Phelps		Vírgini	.a		Dur	ner
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT -SON	ADDR	€644	Donald	son Ave
		N/A	218.32.	4605	Mr. Edmond	W. Watts	5/Sev	ern, M	D 2114
	18 CAUSE OF DEATH (Enter	only one couse per	line for (o), (b), one	d (c).1				BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (0)	CVA					4	asus
	4292	DUE TO O	R AS A CONSEQUE	NCE QE				1	
1	Conditions, if any, which	(16).	HSD.	00				10 3	Lears
	gave rise to immediate cause (a), stating the		R AS A CONSEQUE	NCE OF					
	underlying couse lost	(c)				144			
_	PART 2 OTHER SIGNIFICAN	NI CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAGE OR CON	DITION GI	VEN IN PART 10	
CERTIFICATION	previai	UCVA	- fre	v-6	LOED For to	20515			3.630.1
S	190. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
E E	Medical Const		37.			YES NO		ES 🗌	NO 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		FINJURY M. MONTH DA	Y YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJE	JRY IN ITEM 18	PART I OR PART 2)	A 113
CAL	(IF EITHER NOTIFY MEDICAL EXAM	DEATH		19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	ARM ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
1	AT WORK AT WORK								
	120.1 certify thou II (this to	sepiral offended the	deceased from	JU1-	198/	, to	3	19 3	that (I (we) last
133	about (I) we file (sid	not view the body	alter death.	3 . or	nd that in (my (our) doinion o	death accurred on the o	late and had	or and from the	couses stated
	776. SIGNATURE	0	0	~	DEGREE			224. DATE	SIGNED
	(90)	1 te	Lew	deep		DIRECTOR PHYSI	CIAN	9/4	43
	22d PHYSICIAN'S NAME (TY	PE OR PRINT)	11		22e ADDRESS	0.1	0 -	0	
	DHOLD	H- 0	ctwiff	42	1843 Oat	wood la	16	9 mg	2/06/
	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burlal	7'Sept	Fr. B3	iend	lship Cem.	Hanove:		A.A.,	MD.
	UNERAL DIRECTOR	H. The	Luignoress		25a. DATI	REC'D. BY REGISTRAN	25b. REGIS	TRAR'S SIGNAT	URE
2	Singleton'F	unéral	Home/G1	en F	Burnie No St	PO 1983	Joan	n & C	mild

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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumotic event, th

delication in the second The second of th

V
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be eleaned by the hospital or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical examiner must be natified at parce.

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 _{ENE} 3 2 3	0 6 2
		CEASED NAME FIRST OR PRINT) MINNIE	A.	SELLMAN	0	29, 1983 SAM
	3. SE)	EMALE	CAUCASIAN	5. DATE OF BIRTH MARCH 3 1891	42 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
5	1	DUNTRY)	Th. CITIZEN OF WHAT COUNTRY? UNITED STATES	MARRIED NEVER MARRIED WIDOWED DIVORCED	HNNE HRUND	EL MD.
00	S	EVERNA PARK	18 MARBURY	KQ.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
35	13a. S	RYLAND ANNE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR TX 13. CITY OR TOV ARLINDELSEVERNA	PARK YES NO 2	130. STREET ADDRESS 18 MARBUR	y RD. 21146
20		EDWIN	3. ARCH		MIDDLE	HOUSTON
1		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECTION (MAR OR DATES) 382-22-	A O	NHITLEY (SAME	
		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b) for DBY: E CAUSE (o) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	- HHOLOSCLO JENCE OF ARTON	paric Corona Difeaul lene Host Fa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NO	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
9	CERTIFICATION	190. DATE OF OPERATION	. 196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
9	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
'	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
				ATTENDING	n death occurred on the date and hour	r and from the couses stated 22c. DATE SIGNED 9-30-5
1		22d PHYSICIAN'S NAME (TYPE OF	A HISL	220. ADDRESS SEVER	NA PANK	

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

> 24 FUNERAL DIRECTOR BARRANCO

23b. DATE

OCT.

1983

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

URIAL

SEVERNA PARK, MI

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
SCARSDALE CEM. S. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OCT

SCARSDALE

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 6

REGISTRAR		CENTIFICATE OF	DEATH	REG. NO.		
DECEASED NAME FIRST	MIDDLE	£AST.		20. DATE OF DEATH M	ONTH DAY YE	AR 26 HOUR
John	Frank	Sewell		September	8 19	
. SEX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
Male	Black		1 1891	92	YRS.	
a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? . MARRIED . NEVE	R MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEAT	TH .
Charles Co. Md.	U.S.A.	WIDOWED	DIVORCED	Anne Arune		M
City or town of DEATH Hanover	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 7516 Ridge Ro	ad - 21076	NSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Messenger	VORKING LIFE) INDUS	ND OF BUSINESS O STRY Naval n Factory
JSUAL RESIDENCE (IF NURSING HOME O 30. STATE 136. COU	NOTHER INSTITUTION, GIVE RESIDENCE BEF NTY Hanove	r YES 🔀	E CITY LIMITS?	13e STREET ADDRESS 7516 Ridge	Road - 2	1076
4. FATHER'S NAME FIRST John	MIDDLE LAST Sewel		R'S MAIDEN NA/ FIRST Mary	MIDDLE		LAST Watts
60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE 217 07		mant ina Turne	ADDRES	Kt	· 3, Nort
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	DUENCE OF		20a AUTOPSY?	TION GIVEN IN PA 206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp saw the deceased alive or	ATH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC at) view the body ofter death.	DAY YEAR 19 211. LOCA STI	TION 19 19 19 19 19 19 19 19 19 19 19 19 19 1	CITY OR TOWN deoth occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	NOTEM 18 PART I OR PA	TY STATE
SACIT	EREN		518 (Tomp v	reade	Rd Lind
BURIAL, CREMATION, REMOVAI (SPECIFE Burial		St. Rest Cen	netery	11021110110	Anne Arur	
Nutter and Sons Funeral Home, I	2501	Gwynns Fall , Balto. Md.	-s 250. DAY	EP 1 5 1983	b. REGISTRAR'S SIC	GNATUP

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral pirrector possible detacked for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours after dwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 8 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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ndeni George		VYES!	Liowet	יסוויי
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	X 5 S	S 19.		
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ne Arapdel Ha	a. Lacarieli		9/23/84	Tultani.
المعالقة القعالة		if larm;		Tir Lome, in

h. Page 4 may be el director, page n 72 hours after

STATE OF MARYLAND

3 0

-	1	STATE REGISTRAR		DEPARTM		ICATE OF DEA	ATH	REG. N	0.		
1		CEASED NAME FIRST	WI	DDLE	L	AST			MONTH DA	Y YEAR	2b. HOUR
1	(114E	Anna	(1	omp)	S	harp		Septemb	er 4.	1983	8 30 AM
	3. SEX		RACE		5 DATE O	F BIRTH		6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
		Female.	White		Apr	1	1889	94	YRS	ONTHS DAYS	HOURS MIN.
in the	10 011	RTHPLACE (STATE OF FOREIGN 7	CITIZEN OF W	HAT COUNTRY?	8			9. BALTIMORE CITY		OF DEATH	
		Marvland	U.S.	. Δ .	WIDOWE	DIVOF		Anne Ar	undel	Count	- Y , мр.
		TY OR TOWN OF DEATH	1. NAME OF HO	OSPITAL, NURSIN	G HOME O	R OTHER INSTITU	1407	12a. USUAL OCCUPAT	ION	126 KIND OF	BLICINIESS OF
4		len Burnie	No. Al		Conv	. Cente	er	Cook (Ret		Educa	Brd/ of
-	13a S	AL RESIDENCE (IF NURSING HOME OF COTATE 136. COUNT		IVE RESIDENCE BEFORE		134 INSIDE CITY	LIMITS?	13e STREET ADDRESS		- 34	
	Ma	aryland A.A	~	Pasade			○ ⊠	192 Mou	ntain	Rd. 2	21122
	I4 FA	THER'S NAME	IDDLE	LAST		15. MOTHER'S M.		NE MIDDLE		LAST	
1		Peter		Hahn		Mar		MIDDLE		Hoff	man
		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 1	6b. SOCIAL SECUI		17 INFORMANT	(dau	ghter) ADDR	SS		
		No N/		219.32.	2667			ret E. Bu	ink-Sa	me as	# 13
		18 CAUSE OF DEATH (Enter only	one couse per li				0	0	1		ATE INTERVAL
		PART I, DEATH WAS CAUSED IMMEDIATE		Cor	Dio.	mes)	for	J Hores	h		
		1790	DUE TO, OR AS A CONSEQUENCE OF								
	-	Conditions, if any, which	((b)	AS A CONSEGUE	rep	Tro-Ist	1	co of the	Uten	-	
	-63	gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	MAE OF			0			
	90	underlying couse lost.	(c)	AS A CONSEQUE	45	SCAL).				
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CON	NTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVEN	V IN PART 10	
	O										
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFORM	ED	200 AUTOPSY?		WERE FINDING	
	TIF							YES NO	YES		NO [
	CE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY . MONTH DA	Y YEAR	21c. HOW INJUR	RYOCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T T OR PART 2)	
ľ	CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	. MOITH DA	19						
	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF	F INJURY T, FACTORY, OFFICE FA	DAY ETC 1	211. LOCATION		CITY OR TO	WN	COUNTY	STATE
	>	AT WORK NOT WHILE	(A) NOME, SIREE	I, FACTORY, OFFICE PA	irm erc)						
		22a.1 certify that (1) (this haspita	ol) ottended/the	deceosed from_	20	, 1	19	, to	, 19		not (I) (we) lost
	7	sow the deceased alive on above, (I) (we) (did) (did not)	view the body of	ter deoth.	83.0n	d that in (my) (ou	r) opinion d	eath occurred on the d	ote and hour o	and from the co	ouses stated
		22b. SIGNATURE	111			DEGREE		/	- 25	22c DATE	IGNED
			166	race	4	ATTE	SICIAN TO	MEDICAL STA	FF CIAN []	9/9	1/83
		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	^	Lun	22e. ADDRESS	1110	00.	17	11	10
		22d. PHYSICIAN'S NAME (TYPE OR RUBEN -	REI	DER	/HD.		140	6 Crain	He	olivo	50-102
	23a B	RUBEN -	REI ZIL DATE	DER			140	6 Crain 23d LOCATION	He	oliva	8-102
	23a B	RUBEN-	REI		AME OF CI	220. ADDRESS	140 MATORY	CITY OR TOWN	- He	olive Hey	S-102
	23a B	RUBEN -	REI	.83 Me	AME OF CI	22e. ADDRESS	140 MATORY	CITY OR TOWN	Ho Ho	oleve Mard Ward	8-102 MD 1421
	23a B	RUBEN - BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	REI DATE DESEPT	.83 Me	ame of co adow len	220. ADDRESS EMETERY OR CREATERY OF CREAT	MATORY Sem. P	city or town	Ho Ho	ward	8-102

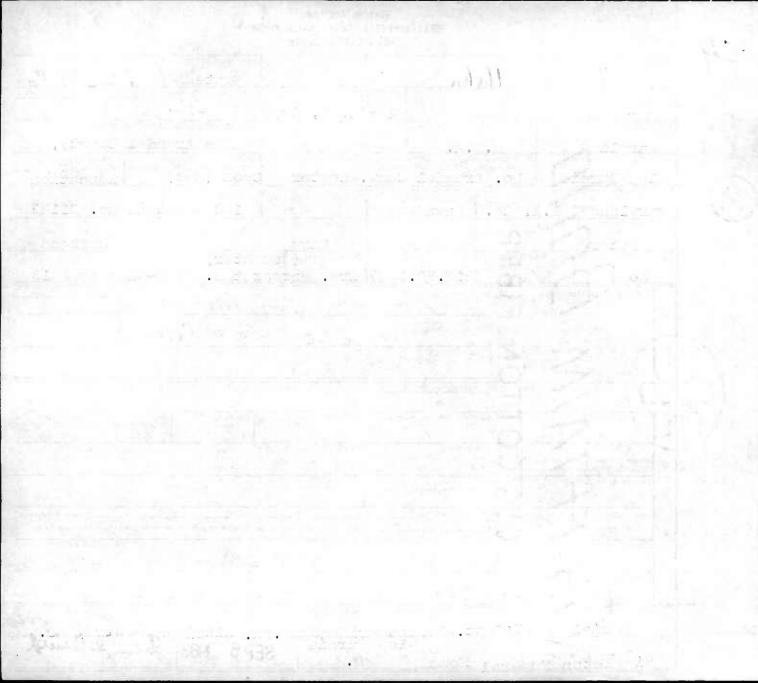
DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending privileting and a should be detached for use as the buriol-transit permit. Then please remove corbinappents. Figure with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

retained by the hospital ar attending physician.



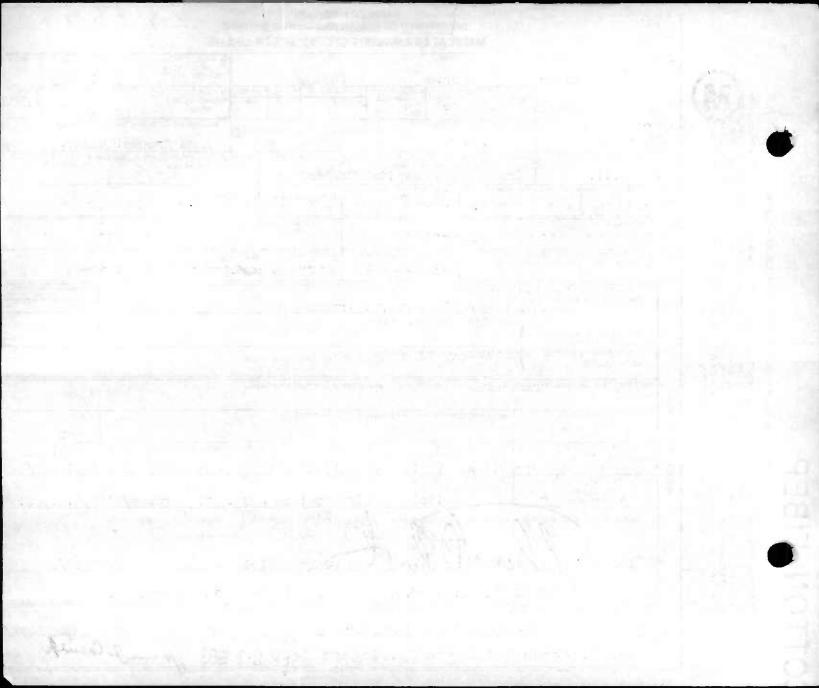
PLEASE

STATE OF MARYLAND

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	1-:	STATE REGISTRAR		MED	ICAL EX	AMINER	'S CERTIFIC	CATEC	OF DEAT	TH	REG. NO			
14		CEASED NAM	E FIRST		MIDDLE		LAST		. 2	o. DATE	NOWN	MONTH	DAY YEAR	26 HOUR
	(TYPI	E OR PRINT)	Linda	M	arie		Shelby	/		OI.	MATED	9	10 19 83	
	3. SEX		4 RACE	5 DATE OF BIRTH	6.		IF UNDER 1 YR.	IF UNDER		c. DATE		MONTH	DAY YEAR	2d HOUR
	Fe	emale	Caucasi	an 9-22-	59 2	3 YRS.	MONTHS DAYS	HOURS	MIN. P	RONOUN	CED	9	10 1983	7:30
12		RTHPLACE (S	TATE OR	76 CITIZEN OF WHA	AT COUNTRY	(? 8. _N	AARRIED NE	VER MARR	IED TV	BALTIM	ORE CITY OF	COUNT	Y OF DEATH	35 1
5	F	florid	la	U.S.	Α.		DOWED [DIVORC		Ann	e Arur	ide l	County,	MD
1	ID. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSI	NG HOME, OR	OTHER INSTITU	ITION		AL OCCUP	ATION (TYPE	OF WORK	OR INDUST	
1		rownsvi		Crownsvi			Center							
5	130 ST	RESIDENCE TATE arylan	113h COUNT	rother institution, give Arundel	RESIDENCE BEFO	ORE ADMISSION) R TOWN LS VILL	e 13d INSUDE (ITY LIMITS?	13e SIRE	et addres	s nera:	ls H	ighway	
0	14. FA	Shiel	ds Keit	h ^{MIDDLE} Bur	chfie	ld	15. MOTH M 8	ER'S MAIDI	EN NAME	E ^M	J (21 ohns	on LAST	
	16a. W	VAS DECEASE	DEVER IN U.S. ARA	WAR OR CATEEL		SECURITY NO					DDRESS			
	Ĭ.	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	263-1	4-029	9 Mar	y E. I	Burkt	ifde]	8ame	as	13e	
		18. CAUSE C	OF DEATH (Enter an	y ane cause per line f	ar (a), (b), ar	nd (c).)							APPROXIMATI	E INTERVAL T AND DEATH
		PARTIDE	EATH WAS CAUSED IMMEDIAT	E CAUSE (a) Cra	nio ce	erebral	trauma							
	/	88	20	DUE TO, OR A										
		gave ri	ins, if any, which ise to immediate	(b)										
		cause (a lying cau) stating the <u>under</u> - use last.	DUE TO, OR A	S A CONSE	OUENCE OF								
	100			(c)										
	7	PART 2 DINER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED	TD THE TERMINAL I	DISEASE DR CONDITIO	N GIVEN IN PA	ART 1 a					
9	CERTIFICATION	IA- DATE OF	FOPERATION	TIAL CONDITI	ON FOR WILL	IICH OBERATIO	ON WAS PERFOR	MAED?		_	75.0		20. AUTOPSY	2
	FICA	190. DATE OF	POPERATION	190. CONDITI	ON FOR WH	IICH OPERATIC	JN WAS PERFOR	(MED)					-	
4	ERT	21n EXTERNA	AL ÇAUSE WAS	21b. TIME OF	INILIRY	1 7	It HOW INJURY	OCCUPPE	ED JENTER NA	ATURE OF INJ	IRY IN ITEM 18 P.	ART LOR PAG	YES X	NO []
2	I C	UNDERLYING	G DOR	HOUR A.M.	MONTH DA	AY YEAR							WI	ndow
	MEDICAL	21d INJURY	OCCURRED	21e PLACE OF	FINJURY (Subjection	гатте	етрте	а то	escape	and	tell of	ut/
5	ME	WHILE C	NOT WHILE X	STREET, FACTO	SDITA		CROWDOW	: 110 1	Hoch	CITY OR TOW		cou		STATE
X		10000		WALL STATE	~								le,A.A.	, MG .
		The Assessment	/ /	e of the remoins descr	Sold obove	yıldan [A	utapsy X	Inspectio		Inquiry		in my ap	inian	
		death result	and tropin Night	al fauges 1	1 / /	7. Sucha	Hami		Undete	rmined ma	nner,			
		ACTUAL SIGNATURE	-/	Vignoc	KIV.	us of		SPECIFY)	ie f _{MEDK}	CALEVAN	IN IED	DATE	p_9/10/8	3
		SIGNATURE	1		1	-	M. Dr. G. P. G.	, , ,	- MEDIC	CALEXAM	INEK	SIGNE	0.27.107.0.	
X	193	EXAMINER'S (TYPE OR PRI	NAME / The	omas D. Sm	nith, N	1.D.	ADDRESS_	111-	Penn S	St.	Balto.	,MD.		
	23a.B	URIAL, CREMA	TION, REMOVAL 2	3b DATE	23c. NAA	ME OF CEMETE	RY OR CREMAT	ORY	23d. LOC	CATION		COUN	ITY SI	ATE
	B	urial		9-13-83	Linth	nicum	Chapel		Clar	cksv	lle	Howa	rd Mar	ylan
		NAME of t		ns 12 ⁴ Poress 1	Jost	C+ Az	nanoli	250. DATE	REC'D. BY	REGISTRAI	REGIS	TRAR'S S	CALLEL	
	L L	ODEL L	D. DVal	10 1616	MCDC	DU. BI	mapuli	A PARTY	17.	HO. 3	W.	~		

DHMH - 17 (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGTENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28 DATE OF DEATH MONTH DAY YEAR 2b. HOUR FIRST L DECEASED NAME (TYPE OR PRINT) SEFTEMBER EMILY IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH 3. SEX YEAR DAYS HOURS MIN MONTH CAUCASIAN 1941 FEMALE THEY **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED NITED STATES HRUNDEL MARYLAND WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17s. USUAL OCCUPATION 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) HRNOLD HOUSE WIFE HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 21012 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? BUENA NNE ARUNDEL ARNOLD 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MARGARET **SMIRICK** OSKOV MARTIN 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one couse per land for a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION The AUTOPSY 186. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED No DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO [21b. TIME OF INJURY 21c HOW INJURY OCCURRED (INTERNATURE OF MUURY IN ITEM 18, PART 1 OR PART 2) ACCIDENT WAS LINDERLYING HOUR A.M. - MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF EITHER NOTFY MEDICAL EXAMINERS 711 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, GRAICE, FARM, EYC.)

ATTENDING

(bur) opinion death occurred on the date and hour and from the causes stoted MEDICAL STAFF

DIRECTOR PHYSICIAN

224 DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

of (I) this bospital attended the deceased fac

23b. DATE

RITCHIE MD

THE ADDRESS

DEGRE

23d. LOCATION LCREST MEM. GARDENS ANNAPOLIS

ENTOMBMENT

23a. BURIAL, CREMATION, REMOVAL

SEP 2 6 983 TRANSPORTE SEVERNA PARK, NO.

DHMH - 16 25M (VR A 15 (4)) 9/74

DIRECTOR

FUNERAL

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and Mental Hygiene

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If he

MPORTANT:

STATE OF MARYLAND	0 7
DEPARTMENT OF HEALTH AND MENTAL	HY BENE
CERTIFICATE OF DEATH	

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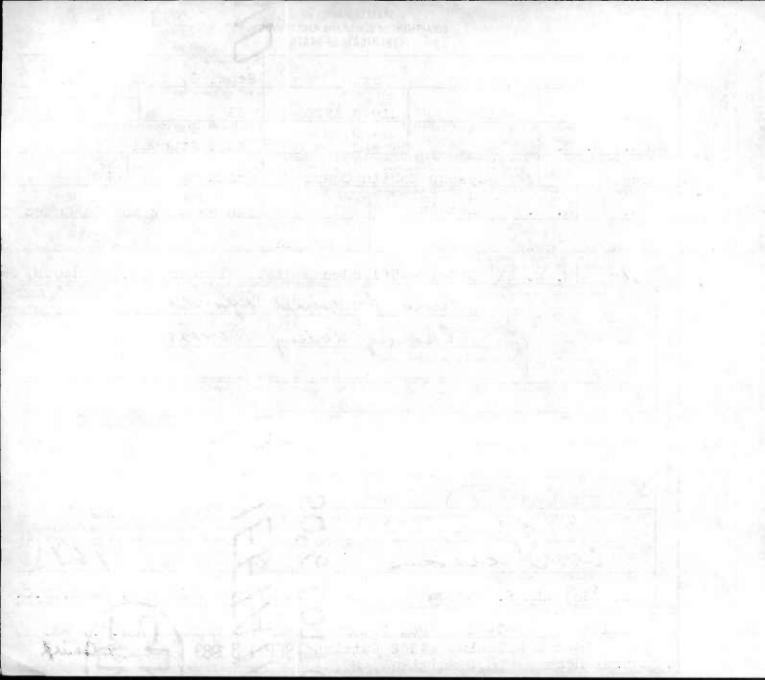
1.	FOR - STATE REGISTRAR			DEPARTA		IEALTH AND MENTAI		NE O REG. N	0	9 0		
	CEASED NAME	FIRST	,	MICOLE	- 1	AST	1	O. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR	
4 TYPE OR PRINT) John			Walker S:		isk		Sept. 3, 198		3	3:00) A	
3 SEX 4. RACE			17.01	5. DATE C		_	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 2		
	Male		White July					63	MONTHS DAYS	MOURS	MIN.	
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED	9	BALTIMORE CITY	R COUNT	Y OF DEATH		
W	ash., D.	C.	USA		WIDOWE			Anne Ar	unde	1		MD.
10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSING HOME O					126. KIND OF BUSINES			SOR	
	Lothian			ysons M		e Court		Printing		GPO	-	
13a. S	AL RESIDENCE (IF NURS STATE Md.	13b COUN		GIVE RESIDENCE BEFORE 13(. CITY OR TOW Lothian	'N	134 INSIDE CITY LIMI		3. STREET ADDRESS	ons	Mobile	07/1 Cou	rt
14. FA	ATHER'S NAME		MIDOLE	LAST		15 MOTHER'S MAIDE	NAME	WIOOFE		LAS		
	John	Lev		Sisk		Salli	ie	MIOOLE	W	alker		
	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRI				
- 1	YES, NO OR UNKNOWN)		V. II	579-14-	4561	Edmund S	Sisk	, Brothe	r, S	t. Mic	hael	s, I
NO		AS CAUSE IMMEDIAT , which nediote ned the lost	DBY: DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO	CLUNT R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E	ENCE OF	alles NOT RELATED TO THE	TERMIN		DITION GI	VEN IN PART 11		EATH
CERTIFICATION	190. DATE OF OPERATION 196. CON			TION FOR WHICH	OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERIN CERTIFYING			OF DEATH	1?
	210. ACCIDENT WAS UNK	CAUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRE	(ENTER NATURE OF INJU				
MEDICAL	21d. INJURY OCCUR	OLE	THE PLACE !	NJURY RY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	4-7	CITY OR TO	WN	COUNTY	STA	ITE
	22a. I certify that (I sow the dece obove, (I) (we) 22b. SIGNATURE 22d. PHYSICIAN'S NA	phylative on phylatical res	The Japons	19_				nth occurred on the d				
	Dr. Bei	njam:	in S. F	ecson		6106 016	d Si	lver Hil	1 Rd	., Was	h.,D	.C.
23a I	BURIAL, CREMATION,		23b. DATE 9-7-8	23€ №		EMETERY OR CREMAT	ORY	23d. LOCATION CITY OF TOWN		COUNTY	STA	
24 FI	UNERAL DIRECTO RO	obt I				terans Ce	O DATE R	Chelten 1 3 1983	256 REGIS	P G	Md URE	
1	NAME AC	JUL I	E Wilhe	TILL ADDRESS 3	U8 S	uitland S	LH	1 3 1983	- le	ug la	will	

DHMH - 16 50M 4/82 (VRA 15, 4)

Funeral Home

Rd., Suitland,

BP.



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours aft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

medical expaniner must be positived at ance.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE

3

1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYD	REG. N	c.	0 0	0		
	ECEASED NAME	FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
{TYI	PE OR PRINT)	Bernice		Slaten	Septembe	r 21.	1983	6:00 %			
3. SI	SEX 4. RACE 5. DATE		5. DATE C		6. AGE (IN YEARS LAST BIT	THOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
Female		Wh	White Jun		e 19, 1927	56 YRS.		MONTHS DAYS	HOURS MIN.		
7a. 8	SIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN	OF WHAT COUNTRY	8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DEATH			
	Penna		A	WIDOWE	DIM DIVORCED	Anne Anu	ndel	(ounty,	MD.		
10. 0	ITY OR TOWN OF DEA	TH 11. NAME	OF HOSPITAL, NURSI	NG HOME C	ROTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR		
19	Pasadena		2 Pine Driv	1122	Housewi	Le	Domes	stic			
130.	JAL RESIDENCE (IF NURS) STATE Lanyland	13b COUNTY Anne Anun	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 672 Pi	ne Dr	ive.	21122		
14. F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	WE					
	Bennand	WIGOTE	Newsitz	L.	Margaret	WIODLE		G.	vunn		
	WAS DECEASED EVER	IN U.S. ARMED FORCE	ES? 16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS	70	2900		
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DAT	216-20-	1534	XXXX Kathy	P. Ruth S.	ame a	s #13			
	18 CAUSE OF DEATH Enter only one couse per line for (a), (b) and (c)								MATE INTERVAL ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)								8 m		
	1509 DUE TO, OBAS A CONSEQUENCE OF										
	Conditions, if any, which (b) Corework of esox rogue										
П	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying cause last. (c)										
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	19e DATE OF OPERAT	TION TION C	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED		
FIG.	176. DATE OF OPERA	178. C	ONDITION TOR WITHOU	TO EKATIO	TO WAS TENI ONNIED	YES T NOT	IN CERT	IFYING CAUSES	OF DEATH?		
- 1	21g. ACCIDENT WAS UND	DERLYING 216. TI	ME OF INJURY		21c. HOW INJURY OCCUR				140		
	OR CONTRIBUTING	AUSE OF DEATH HOU	R A.M. MONTH								
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.M. ACE OF INJURY	19	211 LOCATION						
ME	WHILE MOT WH	(AT HO	ME STREET FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE		
		(this hospital) offeed	ed the decensed from	- 11	1/2 10 82	- to B/	16	19 0	that (I) (wa) lost		
A	snw the decense	ed alive an	10	83.	nd that in (my) (aur) opinion	death accurred on the d	ote and ha		. ,		
	226-SIGNATURE	(did not) view the	body after death.	,	DEGRAE	/	110	22c. DATE	SJGNED /		
	Vyley	(1)(5	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
1	22 PHYSICIAN'S NA	224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS						1/2			
	Dr. Loui	s O. Olsen	. M.D.		1012 Old N.	Point Rd.	ЬIJ,				
23a.	BURIAL, CREMATION,	REMOVAL 23b. DA	ΤΕ 23 _€ .	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	Pn	inteen ,	STATE		
L	Buria	1 9/2	3/1983 M	l. Vet	· (em. (helte	nham Waldo	rf.	George 2	, Md.		
24.	FUNERAL DIRECTOR		Baltains	Md., 2	21225 250. DA	TE REC'D. BY REGISTRAR	75b. REGI	STRAR'S SIGNAT	URE		
11	dully tune	enal Homes	237 E. Pa	tapsco	Ave., S	EP 2 2 1983	1	20			

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or attending physician.

TO HOSPITAL OR

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DIRECTOR

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MPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 2b. HOUR L DECEASED NAME (TYPE OR PRINT) 83 SEP 25 GARNETT J. SMITH IF UNDER I YEAR 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) APRIL, DAY 17 1918 CAU 65 MALE BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY) U.S.A. Anne Arundel County VA. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INSUR. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) KIMBROUGH ARMY HOSPITAL RET/SALES ET MEADE MD USUAL RESIDENCE (# 13c. CITY OR TOWN POUNTY RT. I BOM. 13d. INSIDE CITY LIMITS? PUTNAM W. VA. BUFFALO NO XX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Estella MIDDLE Martin Van Smith 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Box 168 23428-84-80 WIFE-DELORIS H. SMITH W. Va. Buffalo, ZA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). CARDIO RESPITORY ARREST PART I. DEATH WAS CAUSED BY: 27 minutes IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION N/A 190 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY3 IN CERTIFYING CAUSES OF DEATH? N/A N/A NOTA 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL N/A (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19

21d INJURY OCCURRED WHILE AT WORK NOT WHILE

22b. SIGNATURE

AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ abave, (1) (we) (did) (did not) view the bady after death

23b. DATE

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY OFFICE FARM ETC.)

1.983 83 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22e ADDRESS

ATTENDING

211 LOCATION

MEDICAL

SEP

CITY OR TOWN

22c. DATE SIGNED

STATE

COUNTY

774 PHYSIDIAN'S NAME THREE CHIENT

230 BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

KIMBROUGH ARMY COMM, HOSP, FGGM MD 20755

Burial 24 FUNERAL DIRECTOR

9/28/83

Grandview, Cem. Ridgely

Putnam Buffalo 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hardesty Funeral home

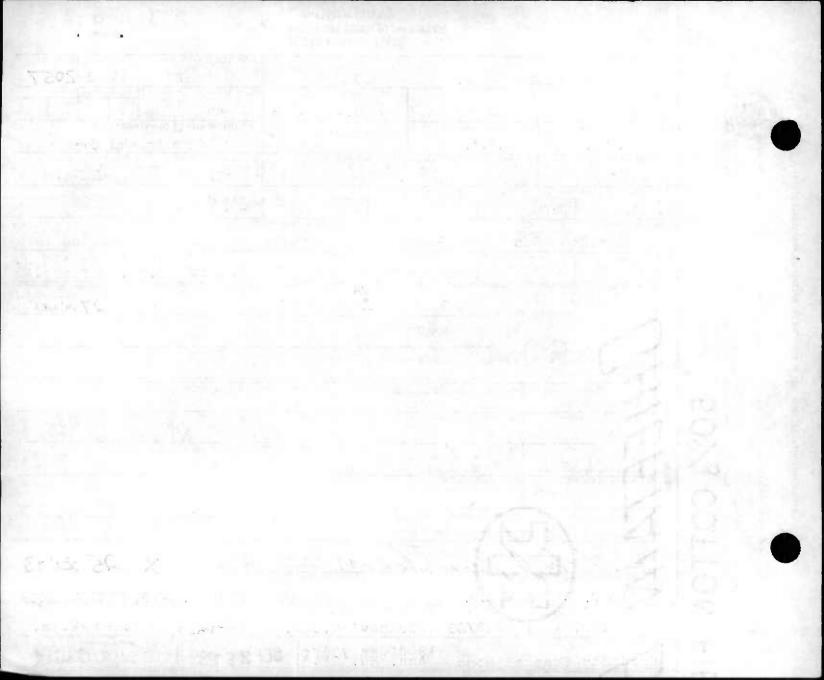
JOHN B. THEOBALDS M.D.

23d LOCATION

CITY OF TOWN

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 4/B2 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL 3

- STATE REGISTRAR	261 61	CERTIFICATE OF DEATH	REG. NO.	EDT					
1. DECEASED NAME FIRST (TYPE OR PRINT) GEORG	GE R	SPEAL	SEPTEMBER 24,	1983 905 PM					
3. SEX Male	4. RACE Cauc.	5. DATE OF BIRTH 6-27-51	6. AGE (IN YEARS LAST BIRTHOAY) 32 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.					
70. BIRTHPLACE STATE OR FOREIGN COUNTRY) Maryland	75. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED 1/2		Y OF DEATH COUNTY					
10. CITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LE Carp. Helper						
Maryland 13b. co		Burnieres No 🛣	409 Second A	ve.2106/					
14. FATHER'S NAME FIRST George	J. Spea		MIDOLE M. ADDRESS	Riley					
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 214-54			(21061) econd Ave. APPROXIMATE INTERVAL EXTREME MOSET AND DEATH					
PART I. DEATH WAS CAU	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Cardiac Cardiac								
Canditions, if any, which gave rise to immediate		DUENCE OF HYPOXIC &	ram Sanage	28hrs					
cause (a), stating the underlying cause lost.		DUENCE OF Gurfiac	indiae anest 24hrs						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	196. CONDITAON FOR WHICE	200. AUTOPSY? YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE							
OR CONTRIBUTION CALLES OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	IN ITEM 18 PART I OR PART ?)					
LIFETTHER NOTIFY MEDICAL EXAMI 216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	COUNTY STATE							
sow the deceased plive	22a.1 certify that (1) (this haspital) attended the deceased from 9, 19 3, to 225. 19 3, that (1) (w) last sow the deceased place on 19 3, ond that in (my) (but) opinion death accurred on the date and haur and from the causes stated above (1)/(we) (aid (ridid not) view the bady after death.								
22b. SIGNATURE	22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN								
DAVID A. S	PE OR PRINT) CHWARTZ, M.D.	GLEN BUI	0.00 0100000000000000000000000000000000	1061					
23g. BURIAL, CREMATION, REMOV (SPECIFY) Burial		C NAME OF CEMETERY OR CREMATOR Glen Haven Mem.	Pk. Glen Burn	ié°, Maryla'fid					
24 FUNERAL DIRECTOR	ink 426 Crain	Hwy S W	P 2 7 1983	TRAME SICHATURE					

DHMH - 16 50M 4/82 (VRA 15, 4)

Raymond C. Fink 426 Crain Hwy.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ca should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval.

filled in by the funeral director, page 3 adult be filed within 72 hours after death

notified at ance.

medical

injury, or other troumatic event, the

may be

executed within 24 hours after death. Page 4

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

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11.	APP AND AND	N 102 - 21 31 N			Til yar	
			ywa stago	ekink eze	5 Direction	

10		1-	#5, per call	W/F.H. 9/20/83 DEPART	MENT OF HEAL	TH AND MENTAL	HYGIENE 3	2 3 0	7		
70	13		REGISTRAR	CERTIFICATE OF DEATH				NO.			
			CEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH	MONTH DAY	I 3 1983 M IFUNDER TYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. RS. JUNTY OF DEATH MD. ING LIFE) 1726, KIND OF BUSINESS OR INDUSTRY ET Terrace LAST Me as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1 38		(1111)	Lucille	Α.	Stef	fev	Se	Sept.13 1983			
1	1	3. SEX		4. RACE	5. DATE OF B	IRTH 101	1. 105		NDER I YEAR		
1 6 30	/		Female	White	June			YRS.	HS DAYS	HOURS MIN.	
E 34		7a. BII	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		XMARRIED X NEVER MARRIED		OR COUNTY OF	DEATH	1 - 1 - 1	
\$ ZE 8	190		OUNTRY GEORGIA	USA	WIDOWED [DIVORCED	D A . A .	17		440	
ter der within	1 2		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	NG HOME OR C		120 USUAL OCCUPA			The second secon	
s ofte by the lled w	10		D d	(IF NOT IN SUCH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOS		NDUSTRY		
				#91 S. River T	EADMISSIONI		Housew	ile i			
	35	13a. S	TATE 136 COU	NTY 13c. CITY OR TOV	VN 113d	I. INSIDE CITY LIMIT			2103	7	
hin 2 shou	10			.A. Edgew		ES NO		River T	errac	ce	
2 2	no	14. FA	THER'S NAME FIRST	MIDDLE LAST	15.	MOTHER'S MAIDEN	MIDDLE		LAST		
omple ond	10		len	Philpo			Baldwin				
Pages	1		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO. 17.	INFORMANT	ADE	RESS			
Pa a a	ae /			ONE 578-05	-2004	Rex A.S	steffey	Same a			
equires that the death certificate signed by the attending physical then please remove carbon paper to buriol, removaling in a confect from one cannot be sevent than a confect from one country.		NO	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	TE CAUSE (0)		Street TO THE	TERMINAL DISEASE OR CO	ONDITION GIVEN	IN PART Ita		
The low resision. The has been not been prior permit. It ygiene prior chow and it.		CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO		AS PERFORMED	206 AUTOPSY?	IN CERTIFYING CAU			
IYSKIAN: Tiding physicis s certificate burial-transif Mental Hygish was 18 sh	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	c. HOW INJURY OC	CURRED (ENTER NATURE OF IP	JURY IN ITEM 18 PART	OR PART 2)		
ottendin rier this o		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		I. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
A A A A A A A A A A A A A A A A A A A				ital) attended the deceased from.		. 19	, 10		, the	ot (I) (we) last	
pite pite for of H			taw the deceased plan an, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above. If you like a little of lidid not yew the body after death.								
OR AT DIRECTORES DEPT. of Hear			THE SIGNATURE DEGREE 22c DATE SIGNED								
74 74 9 7			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF							W/52	
- D 111 0 10 -	1		THE PHYSICIAN'S NAME THE CHANGE CHANGE 120. ADDRESS						pur -		
retained TO FUNI should by with the	5/							3			
show with		220 0	Dr. Jon B. L.		NAME OF CEASE	77 Wes	st St. Annap	OIIS MC			
22			SPEC#Y)				CITY OR TOWN		PINUC	STATE	
BP		24 6	Burial	Sept. 15 19	83 Ft.	Lincoln	Brentw		G	Md	
DHMH - 16 50M 4/8	32		INERAL DIRECTOR	ADDRESS			SEP 1 6 1983		S S C A	help	
(VRA 15, 4)		ŀ	lardesty Fund	eral Home Ann	napolis	3	DEL I O BO				

STATE OF MADVIAND

	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		30/2
	LEMPE	CEASED NAME FIRST OR PRINT)	B,	LAST ST	reit	7 13,83 8:0 M
	3. SEX	remale	Cancasan	5. DATE OF BIRTH	14 6. AGE TINYEARS LAST BIRTH	YRS. MONTHS DAYS HOURS MIN.
od ouce	T	OUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	D Hone	Arundel Mo.
5.5 de l'es	10	NAPOLIS	11. NAME OF HOSPITAL, NURSIN HIS NOT IN SUCH FAILT GIVE STREET	EL GEN'L	120. USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
ed state	USU A	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	YES NO	X 11622 ST.1	Margarets Rd.
exomine 20	PA FA	THER'S NAME FIRST R R	obert Pusch	nert Minni	e Amelia	i Otto
e medicol	16a. W	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECUNE WAR OF DATES)	17. INFORMANT	L. Bradshaw	200 21. Haus rane
event, the		PART I. DEATH WAS CAUS	anly one couse per line for (o), (b), on ED BY: ATE CAUSE (o)	it Veretricul	an Tachycan	La Grand
raumatic		Conditions, if ony, which	DUE TO, PASA CONSEQUI	- Sclerotic C	adio lase.	06
or other to		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
injury, o	NOIL	Diabeteshe	ONDITIONS CONTRIBUTING TO	al Cailure:	Cougustive to	artailure
2	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW	100. IF YEST WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
Hem 18 s	MEDICAL CE	?1a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH D. ER) P.M.	AY YEAR	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18. PART 1 OR PART 2)
morked or	MED	216 INJURY OCCURRED WHILE OF WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM SICI	CITY OR TOW	'N COUNTY STATE
n 21 is m		sow the deceased olive on above, (I) (we) (did) fold n	pointal) attended the deceased from 19 19 19	2.01	opinion death occurred on the do	te and hour and from the couses stated
F		TO SIGNATURE	betown !	DEGREE ATTENI		
MPORTANT: #		PETER F-VE	PKOUW MID	1220. ADDRESS Mg To	rest Dr. Anh	abilis hed 21403
	5	SUC LC.	Sept. 161983 (Name of CEMETERY OR CREMA	n Glen Buy	nie A.A. mis
/82	10	ineral director NAM or Funi	enal Chapel-	Annapolis, MUS	EP 1 6 1983	3. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and competed filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 thould be filed within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

(VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detoched for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is morked or Item 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or offending physician.

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

FOR

(YES

CERTIFICATION

MEDICAL

230 BUR

REGISTRAR

4 RACE

76. CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH

VEHLER

5. DATE OF BIRTH

DAY

83

IF UNDER 1 YEAR

2b HOUR

IF UNDER 24 HRS.

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

6. AGE (IN YEARS LAST BIRTHDAY)

COUNTRY) MD.	USA	MARRIED NEVER MARE	//-	A. Co	MD.
NNA POLIS	11. NAME OF HOSPITAL, NURSING			CCUPATION FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
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ATHER'S NAME FIRELMER	MIDDLE WHITTEM	15. MOTHER'S MA	ENA	MIDDLE	BELL
	MED FORCES? 166 SOCIAL SECURI	TYNO. 17 INFORMANT	pc S.	ADDRESS TUEHLEI	1 - ABOUE
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21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M. ETC.) 211 LOCATION STREET	81 0	CITY OR TOWN	COUNTY STATE
saw the deceased alive an above, (I)/we) (did) (did no	ot) view the body ofter death.		opinion death occurred	I on the dote and hour o	, that (I) (we) last and from the causes stated
226. SIGNATURE	us	PHYS	NDING MEDICAL DIRECTOR	STAFF PHYSICIAN	PATE SIGNED
22d. PHÝSICIAN'S NAME (TYPE O		22e ADDRESS			
SPECIFUE OF STREET	9-10-83 C	ME OF CEMETERY OR CREATED EN S	OF B	ALTO C	e. ND
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR 20 DATE OF DEATH 1. DECEASED NAME FIRST MONTH DAY 76. HOUR (TYPE OR PRINT) 0 F UNDER 1 YEAR DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. SEX MONTH YEAR DAYS HOURS 8 190 Zo. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED mude NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR CITY OR TOWN OF DEATH IN SUCH FACILITY, GIVE STREET ADDRESS) OF WORK FOR MOST OF WORKING LIFE) INDUSTRY omemaker nome USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES_NOIOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 216 INJURY OCCURRED 21e PLACE OF INJURY 71f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 770 | certify that (I) (this haspital) attended the deceased from (we) (did (did not) view, the body other d nur) opinion death accurred on the date and hour and from the causes stated 77L DATE/SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 23c. NAME OF CEMETERY OR 23b. DATE

250. DATE REC'D. BY REGISTRAR

BP DHMH - 16 50M 7/77 (VR A 15 (4))

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FUNERAL DIRECTOR

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20M 4/82

Maria D. R. Land B. B. B. B. B. Land Complete Line of Land Company of the State of Land Company of the Land

requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled,in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at ather troumatic event, the medical examination

irs ofter death. Page 4

STATE OF MADVIAND

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	1.	FOR - STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG	REG. NO.	3 0 /	O
		CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
	(I TP)	William	0.	7	err1/	9 -29	-83	643/PM
	3. SE		1 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDA		
		Male	WhiTe	MONTH 8	-3 -27	56	YRS. MONTHS DAYS	HOURS MIN.
o A C	7a. B	IRTHPLACE (STATE OF FOREIGN)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
35		mD	U.S.A.	WIDOWE		ANNE Aru	nde/ Co	unter, MD.
page 3	10 C	VNAPO/IS	11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCHE ACTUTY, GIVE STREET, ANNE HYUNDE		prother institution	120. USUAL OCCUPATION (TO F OF WORK FOR MOST OF WO		OF BUSINESS OR
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ent, the		PART I. DEATH WAS CAUSED	10/2///		cyign/RE	SPIRATULYA	-	NIMATE INTERVAL HONSET AND DEATH
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21 is mo		220.1 certify that (1) (this haspite sow the deceased alive on above, (1) we) (did (did not	9-29 190	5 6, or	, 17	, to death occurred on the date o		, that (I) (we) last e causes stated
IT. If Hem	3	22b. SIGNATURE 0. 9. 7.	myi mo		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		ESIGNED
PORTAN		22d. PHYSICIAN'S NAME (TYPE OR	VER FAN MAD		220. ADDRESS	AVE A		Om Or
<	220 1	BUDIAL CREMATION PENOVAL	1226 DATE 1236 N	IAME OF C	EMETERY OR CREMATORY	1234 LOCATION		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician.

DHMH - 16 50M 4/82 (VRA 15, 4)

Hillcrest

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Funeral Chapel-Annapais, MD aylor

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		REGISTRAR			R'S CERTIFICATE C	OF DEATH REG. NO.		
S.S. S. F.	1. DE	CEASED NAME FIFE FRE	EDERICK	WIDDIE	TURNER	2ª DATE KNOWN OF ESTI- DEATH MATED	9 12 83 03504	
ARY, PLEASE DIRECTOR. OUR FILES. V72 HOURS ON STREET,	J SEX	M Negr		YEAR 6 AGE (IN YEARS LAST BIRTHOAY) 08 755 SKRS.	IF UNDER 1 YR. IF UNDER	MIN PRONOUNCED DEAD	9 12 183 040 Q	
FUNERAL S. FOR YOUNGESTON	M.	RTHPLACE (STATE OR REIGN COUNTRY) ARYLAND	76. CITIZEN OF WE		MARRIED NEVER MARR	ED 🗆 Anne Arun	ide1 MD	
1. IF ANY DELAY IS N. 2. AND 3 TO THE FU. 3. RETAIN PAGE 5. 2. SHOULD BE FILED. ALRECORDS, 201 W.	Aı	nnapolis	1006 Pr	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ACCRESS) 1006 President Street 12a. USUAL OCCUPATION (TYPE OF 1000) FOR MOST OF WORKING LIFE)				
AND 3 RETAIN HOULD RECORI	130 S	TATE 13b. C	HOME OR OTHER INSTITUTION, GE COUNTY A.A.	100000000000000000000000000000000000000		13e. STREET ADDRESS 1006 Presider	it Street	
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TO MEDICAL EXAMINER: T EXECUTE THE CERTICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, Z	/	270 Certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, ond in my opinion death resulted from: Notural causes, Accident Suicide, Homicide, Undetermined manner, ACTUAL SIGNATURE						
BP	(5	URIAL CREMATION REMOTE BURIAL UNERAL DIRECTOR NAME POOS O	9-16-1983	PINELAWN		23d LOCATION ENTORTOWN AND AND AND AND AND AND AND AND AND AN	A. COUNMARY DANG	
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STATE OF MARYLAND	1	- 0	-2	17	7	
RTMENT OF HEALTH AND MENTAL HYGIENE	9	-	0	U	-	
CERTIFICATE OF DEATH						

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DHMH - 16 50M 4/82 (VRA 15, 4)

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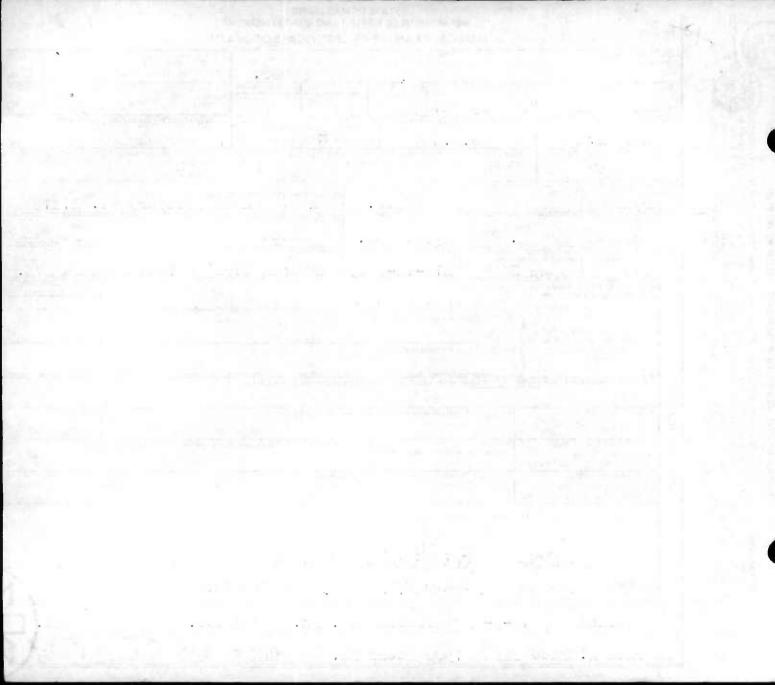
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

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URIAL, CREMA	TION, REMOVAL [23b. D.	AIE	123C. INA/	ME OF CEME!	ERY OR CREMAT	OKY	238. LOC	ATION			
PEC (FY)	TION, REMOVAL 236. D.	0-5-83			Mem. Pl		CITY OF	Lto.	COU		state Id.
	RTHPLACE IS REIGN COUNTRY) MARY TY OR TOWN ON BUT IT RESIDENCE TATE ATT THER'S NAME FIRST ATT VAS DECEASE ES, NO, OR UNKNOWN TO BUT COUSE (O lying coul PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK 270. I certic deoth result ACTUAL SIGNATURE.	RTHPLACE ISTATE OR REIGN COUNTRY) Maryland TY OR TOWN OF DEATH OR Burnie RESIDENCE (IF IN NURSING HOME OR OTH TATE ATTHUT WAS DECEASED EVER IN U.S. ARMED ES. NO. OR UNKNOWN) IF YES, GIVE WARE CONDITIONS, if ony, which gove rise to immediate cause (a) stating the under- lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTR 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took charge of death resulted from: Natural country ACTUAL SIGNATURE	RTHPLACE ISTATE OR REIGN COUNTRY) Maryland TY OR TOWN OF DEATH OR Burnie III. NAME OF HOSP INDITIONS OF THE INSTITUTION, GIVE THATE AT LATE ATTHUR WAS DECEASED EVER IN U.S. ARMED FORCES? FIRST FIRST WAS DECEASED EVER IN U.S. ARMED FORCES? ES. NO, OR UNKNOWN) IF YES, GIVE WAR OR OATES) WW 2 III. CAUSE OF DEATH (Enter only one couse per line of PART I DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 190. DATE OF OPERATION 191. TIME OF HOUR A.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO DEATH BY 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO THOUR A.M. 210. I Certify that I took charge of the remains described from: Notural causes (A) ACTUAL SIGNATURE	RTHPLACE ISTATE OR REIGN COUNTRY) Maryland TY OR TOWN OF DEATH OR BURNIE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFINE THE FIRST HOURS IN COUNTY Aryland THER'S NAME FIRST HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFINE THE FIRST HOURS IN COUNTY WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR OATES) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), o PART I DEATH WAS CAUSED BY: ACOUNTY HOW AND A COUNTRIBUTING TO OF ATH BUT NOT RELATED TO ONE AND A CONSE LYING COUSE LOST. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OF ATH BUT NOT RELATED WHILE AT WORK 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO OF AND AMONTH DECONTRIBUTING CAUSE OF DEATH P.M. 2110. INJURY OCCURRED WHILE AT WORK 2110. TIME OF INJURY STREET, FACTORY, FARM, ETC.) 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DHMH - 17 (VR A15 ME (5) 20M 4/82



		1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HELENS 2 3	8 0
		1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 0
			CEASED NAME FIRST	MIDDLE LAST Zo. DATE KNOWN MONTH	DAY YEAR 26 HOUR
L	2 8 8 E		Edwar	d William Vertuccia DEATH MATED 19-	24 1083 24 W
i		3. SE	White	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD ONE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTHS DAYS HOURS MIN PRONOUNCED DEAD	LY 19 73 OLUM
	A STATE OF THE STA	7a. B	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. BALTIMORE CITY OR COUNT	- 19 M
			New York	WIDOWED DIVORCED AA	MD.
	AA 15 THE 301 301	1	TY OR TOWN OF DEATH	LIF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)	126. KIND OF BUSINESS OR INDUSTRY
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MD. 2	AL 2.5.		James Vincen	ntiole Vertucci 15. MOTHER'S MAIDEN NAME Kittie Cathleen	LAST
DRE,	A S S C -			III IN IRODANA III	sfort, N.Y.
TIM	WINS AFTER B. GIVE PA WITH FOI PAGES 1 DIVISION	()	es, no, or unknown) (IF YES, GIVE Y	war or Dates! 1983 063-60-5424 Kittie C. Higgins; 1 Fer	rguson Rd.
. BA	DURS 18. G 11. PA 17. PA	>		ly one couse per line for (a), (b), and (c) Brain damage - gunshot wound	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IS NO	TEM ONG PERM SIENE			TECAUSE (a) Bland Clamate -) and shot would	1
RESTO	L HYO		Canditions, if any, which	Tare been depressed	β
W. P	ENCIL IN AMINER A TRANSIT ENTAL HY REMOVA	1	gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE OF	
301	OR MALEX		lying cause last.	(c)	
ORDS,	20740	Z	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
REC	PENDIN PENDIN PENDIN ED AS A HEALTH CREMAT	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
VITAL	88899] H			YES NO NO
DIVISION OF VITAL RECORDS, 301 W. PRESTON	HE WO THE WO ULD BI TAENT	AI CEI	216 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR AM MONTH DAY YEAR DEATH ON PM. 6 1983 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LORPAS PM. 9 1983 21b. TIME OF INJURY HOUR AM MONTH DAY YEAR M. G. T.	licted
/ISIO	DED TO DEPAR	MEDICAL	CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY (AT HOME, 211, LOCATION	
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	ER: IHIS ATE, WR ORWAR OR: PAGI HE STATE O, 21201		22a. I certify that I taak charg	e of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔲, and in my ap	inian
	BE BE THE THE THE THE THE THE THE THE THE TH		death resulted fram: Natur	al causes , Accident , Suicide , Hamicide , Undetermined manner ,	
	O MEDICAL EXAMINER: CECUTE THE CERTIFICATE AGE 4 SHOULD BE FOR D FUNERAL DIRECTOR: FIER DEATH, WITH THE S AGTIMORE, MARYLAND, 2"		ACTUAL SIGNATURE	TRIE (SPECIFY) M.D. January MEDICAL EXAMINER SIGNER SIGNER	9-24-83
	EXECUTE TH PAGE 4 SHOTO TO FUNERA AFTER DEATI	12	EXAMINER'S NAME	James E. Wheeler	/ •
	PAGE TO FUI AFTER BALTIM		(TYPE OR PRINT)		פיונים
		(URIAL, CREMATION, REMOVAL 2	CITY OR TOWN COUN	
	BP	24. F	UNERAL DIRECTOR Marsh	all's Funeral Home	
(VR A15 ME (5))	18	4411 9th St	NW: Washington, D.C. osp 28 1983 Jung Co	well

S. 49. St. III VALLES IN STREET Were the same of the same May Down the State of Mount Street The transfer of the state of th Liver to have been the Department from the fit was the cold or the fitting of Mrs. And the While St. Hand St. All St. States & Which I to the ourse Assuperior Line of the second seco

15 1200	10d \$	Ľ	FOR - STATE REGISTRAR	STATE OF MARYL DEPARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE 2 2 5 U 8 1 DEATH REG. NO.
5 Copy 2	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		CEASED NAME FIRST FOR PRINTING MILIGRED	1. RACE S. DATE OF BIRTH	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR SEPT 27 1983 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.
other dearth. Pos	of the funes	10.0	IRTHPLACE (STATE OR FOREIGN COUNTRY) MD		MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH NORCED MD. TITUTION 126. USUAL OCCUPATION 128. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120 cote be everyed within 24 hours	d 2 should be the	USU 13a		A. GAMBRILLS YES [NO 1 177 McKNEW Rd
LTIMORE, M.	cion and compers. Pages 1 or I.		NOV	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORM. ONE 220-44-6560 CAT	ANT ADDRESS HERING Stinchcomb 13 E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. ING PHYSICIAN: The low requires that the death certifical or afterding physician.	ed by the ottending phys please remove carbonpop rial, cremotion, or removo , or other troumatic event,		PART I. DEATH WAS CAUSE IMMEDIATE IM	D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) A CONSEQUENCE OF (d) (d)	Metugitoris - Gweet. Donare
ITAL RECORDS, The low require	ote has been signe nsit permit. Then pygiene prior to buy shows ony injury,	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFO	
INISION OF V	iter this certifical street the buriol-tran h and Mental Hy irked or Item 18:	MEDICAL C	OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR	ON
AL OR ATTEND	FUNERAL DIRECTOR: Af uld be detached for use on the State Dept. of Health ORTANT: If Hem 21 is ma		sow the deceased alive of	nuber of the body offer death. DEGREE UN-	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 255
TO HOSPIT,	should be d		Fehus BURIAL, CREMATION, REMOVA SPECIFY) P	Gauhers- 111	30clouter feel: - or Decetale

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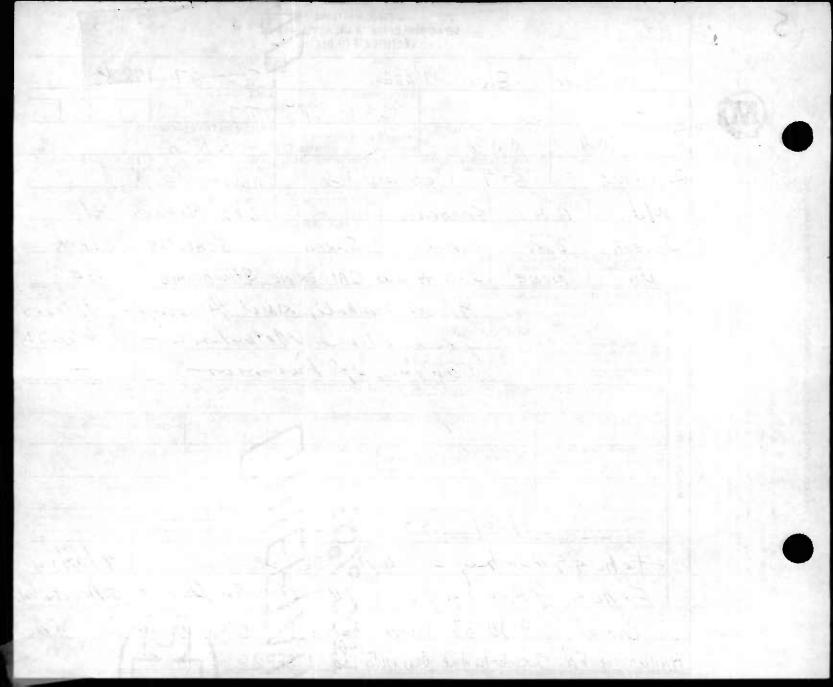
BP_

(VRA 15, 4)

HARDESTY

23d. LOCATION
GITYORTOWN

250. DATE REC'D. BY REGISTRAR'S PIGNATURE



death. Page 4 may be

within 24-hours

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

6	FOR STATE REGISTR
death	1. DECEASED N (TYPE OR PRINT)
by the funeral director, page 3 e filed within 72 hours after death be notified at once.	3. SEX
uneral dii nin 72 hou at once.	10. BIRTHPLACE COUNTRY)
and be filed within 72 hours be notified at once.	Edgen
filled in hould be re must be	USUM RESIDER 130. STATE Md.,
min 72 s	14 FATHER'S N.

MADORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical examiner must be notified at once.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	3	0	8	2	
9-30		40.5		Should	

	REGISTRAR		CENTIL	ICATE OF DEATH	REG. N	0.		1
	CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
TYPE	OR PRINT)	F.	1,1%	1/10		9 1	7 83	7154
3. SEX	V	4. RACE	5. DATE C	DE RIPTH	6. AGE (IN YEARS LAST BIR	THDAY	F UNDER I YEAR	IF UNDER 24 HRS
J. 3E/		* MACE	MONTH				ONTHS DAYS	HOURS MIN.
	male	Negroe	4	13 93	90	YRS.		
	RTHPLACE (STATE OR FOREIGN	76. CITIZÉN OF WHAT COUNTRY	? B.	D NEVER MARRIED	1. BALTIMORE CITY C	R COUNTY	OF DEATH	
	SA, Anng D. M	V I/SA	WIDOWE	D = 110.00.11.11.11.00	Anne	Arun	del	MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120. USUAL OCCUPAT			F BUSINESS OR
_	//	(IF NOT IN SUCH FACILITY, GIVE STREET	~	2	(TYPE OF WORK FOR MOST C	OF WORKING LIFE	INDUSTRY	
	gewater	Magsant Civine		Vi Center	Nandyma	7		
13a. S	STATE 13b, COUN	NTY 136. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		0/19	40/
1	nd. Ann	Arunder Anna	00/15	YES NO	8 Cornh	ill S	treet	
14. FA	THER'S NAME	MIDDLELAST		15. MOTHER'S MAIDEN NAM	MIDOLE			
	JOSEPH	WILLIAN	IS	HARRIET	WIDOLE	I I	AMBUSH 51	
16c V	VAS DECEASED EVER IN U.S. AR		URITY NO.	17. INFORMANT	327 N. WI	SS	aro Amm	o Wa241
()	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 2/8-28	-1201	Mrs Wells (G	-dtr) & Cor	idell k	ve. Ann	a. Fide I
	210	PV 0 20	1104	11115 Wells (4	-air) o Cor	nnin		
100	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ily one couse per line for (a), (b), o	nd (cl.)				BETWEEN	MATE INTERVAL DINSET AND DEATH
		E CAUSE (0) Metasi	ates	Cancer of	Level			
	1000	DUE TO, OR AS A CONSEO	IENICE OF					
	Conditions of any which	DUE TO, OR AS A CONSEC	,	Part T				
100	Conditions, if ony, which gove rise to immediate (b) Concer of Prostate							
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	UENCE OF					
	Underlying couse lost.	(c)						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	+
CERTIFICATION	Anorexia							
¥	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
E					YES NO NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
ERT	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURRI		1		140
_	OR CONTRIBUTING CAUSE OF DE	LIGHT A MA MONITH	DAY YEAR	THE TIOW INSORT OCCORRI	ED (ENIER NATURE OF INTO	MT IN HEM 10 FM	NI I OR PARI 2)	
CA	LIF EITHER, NOTIFY MEDICAL EXAMINE		19		1.1.2			
MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ESC.)	211. LOCATION	CITY OF TO	WN	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	AT HOME, STREET, PACTORY, OFFICE	, PARM, EIC)	3,462				
		ital) attended the deceased from	10-	-25 10 82	9-17	- 1	003.	hot (I) (we) lost
	saw the second olive on			nd that in (my) (our) apinion d	eath accurred on the d	ate and hous		
	obben (1) whi (did) (did no) view the body ofter death.	, 0		g on the a	ore ond noor		
174	JEE SIGNATURE	D	97,	DEGREE			22c. DATE S	SIGNED
	You /	soul	011	ATTENDING PHYSICIAN	MEDICAL STA		19-1	7-83
	174 PHYSICIAN'S NAME (TYPE C	OR PHANT)		220 ADDRESS				
	110	1//						
	JUON D.	Ldeve, And						
	BURIAL, CREMATION, REMOVAL		NAME OF	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
F	ÜRÏAL	9-22-1983	PINELA	WN MEM. PARK	Annapol:	is A.		vland
24. FU	UNERAL DIRECTOR 82	1 West St. Anna	polis,	Md. 2140150. DATE	REC'D. BY REGISTRAR			BELLE
WT	TITAM REESE	SONS MORTUARY.		SE	P191963	John	~	
		THE PROPERTY OF THE PARTY OF TH	W 6			to de		

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WILLIAM REESE & SONS MORTUARY.

BP.

1501-15. Stanfold PRO1-21-9 Manual Residence DELET

		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
RST	MIDDLE	LAST	2a. C

1-	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		REG. NO	2 3	3 0 8	3 EDT	,
	EASED NAME	FIRST		AIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	SP HORE	}
	E	LIZABI	TH (nmn)	WINDES	EIM		SEPTEMBE	18,	1983	1045	AMM
SEX	Female		White	е	5. DATE C			6. AGE (IN YEARS LAST BIRT	(HDAY)	MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F	FOREIGN	b. CITIZEN OF	WHAT COUNTR	Y? 8.	NEVER MARR	IED 🗍	9. BALTIMORE CITY O		Y OF DEATH		
Pe	nnsylvan	ia	U.S	.A.	WIDOWE			ANNE ARI	72 137 607 60			MD.
0 CI	LEN BURNI	ATH	(IF NOT IN SUC	HOSPITAL, NUR H FACILITY, GIVE STE ARUNDET	EET ADDRESS)	PROTHER INSTITUTI	NOI	126. USUAL OCCUPATION OF THE OF WORK FOR MOST OF CAFET 13	okRe Working Mg:	12b. KIND C INDUSTRY P SCh	F BUSINE	SOR.
130. S Ma	AL RESIDENCE (# NURS TATE LTY1and	136 COUN	ranne nde1	GIVE RESIDENCE BEI	Burnie	134. INSIDE CITY LI		13e STREET ADDRESS 3 Cedar I	or.	21 (Marle	061 y P a:	rk)
	ther's NAME FIRST	,	AIDDLE	Wilso	n	15. MOTHER'S MAI		WIDDLE		Eiĥ	man	
6a. V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES!	166. SOCIAL SE		17. INFORMANT	Grar	ndson) ADDRE	201G.	reenla Balto.	ndBe , Md	•
	18 CAUSE OF DEATH WATER AND THE PART I. DEATH WATER AND THE PART I. DEATH WATER AND THE PART II. DEATH WATER AND THE PART III. DEATH WATER AND THE PART	AS CAUSE	BY: E CAUSE (0)	SUB A	ARAC	HMOIZ	> /	HEMORR	HAG		MATE INTER	ŚĒĀTH
	Conditions, if ony, gove rise to improve (a), stating underlying couse	mediate	DUE TO, O	R AS A CONSEC	QUENCE OF							
NOI		LT GN		PRITE	RIOSC		HE TERMI	ARDIDU	As	CULA	RD	LE PRO
CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED)	YES NO	IN CERT	ES, WERE FIND! IFYING CAUSES (ES		H?
CER	210. ACCIDENT WAS UNI	DERLYING _	21b. TIME O	FINJURY	DAY VEAD	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)		

IN CERTIFYING CAUSES OF DEATH? YES -NO YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

22a. | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased above, (1) (we) (1) the body offer death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

Glen Haven Mem.Pk

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 203 E. PATAPSCO AVE.

MORE MD 21125

AATORY 23d LOCATION
2m.Pk Glen Burnie, A

250. DAIE RECS. SY REGISTAR 256 JECTUARS

SEP 20 983 RALTIMORE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

September 21, 1983 24 FUNERAL DIRECTOR

Singleton Funeral Home.Glen Burnie, Md

DHMH - 16 50M 4/B2 (VRA 15, 4)

rating physicion and campletely carbonpopers. Pages 1 and 2 sh medicol

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached far use as the burial-transit permit. Then please remove carbon pape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, ar remaval

O HOSPITAL OR ATTENDING PHYSICIAN: The

ned by the hospital or attending phys

BP.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked at Item 18 shows any

MEDICAL

MA SECT AT SECTION STREET, STREET, SECTION OF THE LOSS AND

GLEN BURGLE MORTH APLINDIT HOSPITAL

203 B. PATARSCO AVI.

SERVA P. MUNICA, L.L. CARTHONE, MD. 21125

	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 3 0 8 4 CERTIFICATE OF DEATH REG. NO.
8 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -		CEASED NAME FIRST OR FRINT)	a E, WOOD 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 335 M
	3. SE	Ferral	4. RACE S. DATE OF BIRTH MONTH DAY YEAR O YRS. 1. UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
Secondary of the second		RTHPLACE (STATE OR FOREIGN D.	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED AND OR COUNTY OF DEATH MD.
oy the fu	10.6	LUM OLD LIS	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK PER MOST OF WORKING LIFE STORY) STORY OF THE WORK PER MOST OF WORKING LIFE STORY STORY OF THE WORK PER MOST OF WORKING LIFE STORY OF THE WORK PER MOST OF WORK PER MOST O
24 hour	USU. 130.	AL RESIDENCE (IF NIRSINO HOME OF	R OTHER INSTITUTION, GAVE RESIDENCE BEFORE ADMISSION)
mpletely ond 2 strong	114. F/	TRANK FRANK	MIDDLE SHPECK 15. MOTHER'S MAIDEN NAME FIRST MAIDEN NAME 2 LAST
on ond cal		VAS DECEASED EVER IN U.S. AR	VEWAR OR DATES 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS P.O. BOX 361/2 VEWAR OR DATES 21934 1609 FRANKLIW R. 600D ANNAPLES P.O. BOX 361/2
nding physicis corbon popers or removal.			nly one couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (b), and (c) is the couse per line pr (0), (c) is the couse pe
the deo		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
ow requires that been signed by min. Then please prior to buriol, cr	ATION	PART 2 OTHER SIGNIFICANT FLACT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10. THE CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS USED
o c Sode S	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	YES NO YES NO NO
iysiclan: The ding physicio is certificate buriol-tronsit Mentol Hygie	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19
G PHY:	MED	21d. INJURY OCCURRED WHILE NO! WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY STATE
TENDIN ortol or TOR: Affort use of of Health		220.1 certify the	ital attended the deceased from 19 , 19 , to 19 , to 19 , the (II) we lost view the body after death.
SPITAL OR ATTE d by the hospito NERAL DIRECTO be defloched for e State Dept. of F TANT: If them 21		126 SIGNATORY	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 91413
TO HOSPITAL retoined by the TO FUNERAL should be detuy with the State with the State.		TENGE (SAMARNS 203 Redgely ove Ann. MS
BP	7	URIAL CREMATION, REMOVAL URIAL	917/83 GEN HAVEN (HEN THENIE " HH PD".
DHMH - 16 50M 4/82 (VRA 15, 4)	IA	LOR FUNERA	LCHAPEL ANNAPOLIS MO REP 7 1983

Victor Report MO COR PRESIDENCE THE LONG OF THE UD - SHITH THE RESESSION DECENT CONTRACT Application of the second AMILES COLUMN THE CALL THE THE THEOLOGY THE THE WHERE TO DESCRIPTION OF THE PROPERTY OF THE

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deoth. Poge

requires that the death certificate be executed within 24 hours after

and completely filled in by the fa

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FOR - STATE

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

		REG. N	40			1
TE	OF	DEATH	MONTH	DAY	YEAR	26. HOL

3

2

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	1
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
CliFFO	Rd - CURTIS	Woold Ridge	E September 19	, 1983 5:30 P _M
3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	Caucasian	MONTH DAY 190	o 83.	MONTHS DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Kich morad - Ut	L U.S.	WIDOWED DIVORCED	AHIYE AR	UNdEL CO. MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
CROFTOH Md.		IVA/ESCITIT. CEN.		Retired
130 STATE IND COT	OF OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13¢. INSIDE CITY LIMITS		49999
Virginia /	Sharps	YES NOX	- 1	, Sharps, Va.
74 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
HIIAN	B. WooldR		CCA	GARRETT
(YES, NO OR UNKNOWN) (IF YES, G	WELLING OR DUREN	URITY NO. 17 INFORMANT	ADDRESS 2	815 Folsom LA
yes WW	1 231-30-	5580A MARGARET	HoblE Bou	HEM.
18 CAUSE OF DEATH Enter	only one couse per line for (a), (b), on	1 A	Λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (0) - 97 oh C	o pul mono	ery Arrest	
4401	DUE TO, OR AS A CONSEQU	IENCE OF	0	
Conditions, if any, which gove rise to immediate	(16) Phlus	monitis		
couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	1 /	1.0-0.0	
	General		no sclerosi	
		DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
O VO	Jame 13re	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	148 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CE	RTIFYING CAUSES OF DEATH?
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	I21r HOW IN IURY OCC	YES NO X	YES NO
OR CONTRIBUTION CHUSE OF S	DEATH HOUR A.M. MONTH D	AY YEAR	Jeneral Money of Money Market	10, FART 1 OR FART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	21f LOCATION		
WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
		9-9 108	2 . 9-19	19 2 , that (I) Twe) lost
sow the deceased alive of	on 9-19 195	ond that in (my) (our) opini	on death accurred on the date and	0.)
22b. SIGNATURE	not) view the body ofter deoth.	DEGREE	-	22c. DATE SIGNED
I X	arora	M.D ATTENDING	MEDICAL STAFF	9/19/03
224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	1-1/1/8.
Rakesh Arora	MD	3231 Super:	ior Lane, Bowie,	Maryland 20715
230. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c. I	NAME OF CEMETERY OR CREMATOR	RY 23d, LOCATION	
(SPECIFY) Burial	Sept 22 1983 Fo	orest Lawn Cemeter	ry Richmond,	Virginia STATE

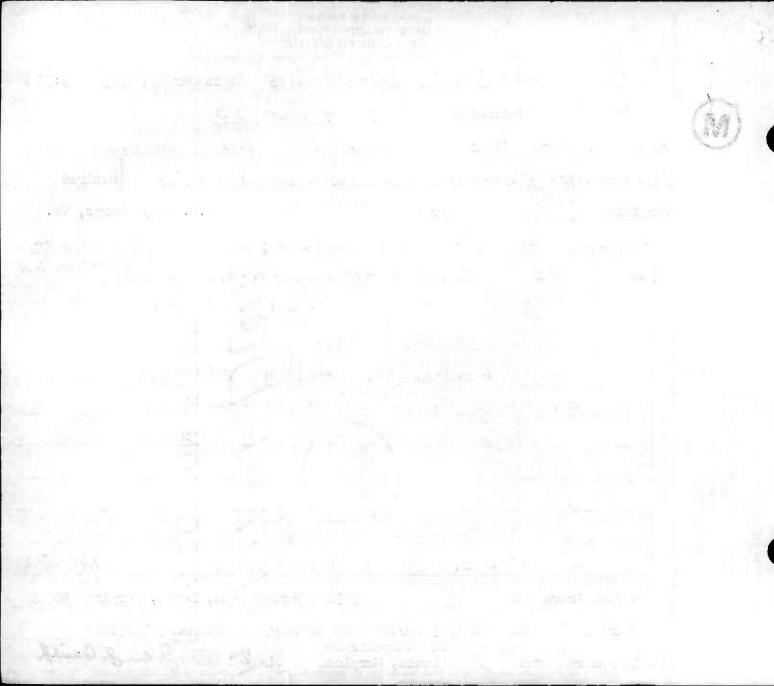
BP. DHMH - 6 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

> 24 FUNERAL DIRECTOR
> Beall Fune Funeral Home

Annapolis Road Bowie, Maryland

SEP 2 1 1983



STATE OF MARYLAND

2	3	U	8	6
	- 4:		- 75	-77

	1-	FOR STATE REGISTRAR	2 3 0	8 6				
		CEASED NAME FIRST OR PRINT)	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY YEAR	10 HOUR
١	L	TNNA	- LAb	010	INY	7-15	- 03	PM
	F	EMALE	CAUC S	MONTH O	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	
			CITIZEN OF WHAT COUNTRY? 8.	AADDICD		BALTIMORE CITY O	R COUNTY OF DEATH	
	1	USTRIA	1 2 1	IDOWE		ANNE	ARundel	CO. MD.
1	18,51	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H	IOME O		12a. USUAL OCCUPATE		OF BUSINESS OR
/		PARK IN		256	. CENTER	House a	VIFE	
5	134.5	TATE IDENCE IN PURSING HOME OR OTHER	A - CO LINTHICUA		13d. INSIDE CITY LIMITS?	307 CO	he Ave	21090
1	LE FA	THER'S NAME FIRST MIDI	DIE BANDI	7.5	15. MOTHER'S MAIDEN NAM	Linous		AST
-		VAS DECEASED EVER IN U.S. ARME (ES. NO OR UNKNOWN) 1 F YES, GIVE W		326	17. INFORMANTLEX	ANDER ADDRE	2 Ablot	cum Hts
Ì		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	2141-	0.1	RE all	drop-"	nd, BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		7280 Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	E OF		0		
		gave rise to immediate couse (a), stating the underlying cause last.	DUETO, OR AS A CONSEQUENCE	E OF				
	NO	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONI	DITION GIVEN IN PART	lta:
1	CERTIFICATION	1% DATE OF OPERATION	196. CONDITION FOR WHICH OPE	ERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	
-	CACONTRAUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR						RY IN ITEM 18 PART 1 OR PART 2	
	DIC	214 INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION		SE THE SOL	

21f. LOCATION STREET

CITY OR TOWN

COUNTY

STATE that (1) (we) last

NOT WHILE AT WORK 17s.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinian death occurred an the date and hour and from the causes stated

37h SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

DHMH - 16 50M 4/82 (VRA 15, 4)

O FUNERAL DIRECTOR.

should be detach with the State Dep MPORTANT, IF IN

23h DATE

Carried The Comment of the Comment o Manuagement All College and and 307 char All Par one The Com Was In a row side in the second with 4/10/15 Monthson, M. Janes De do Tower out " 112 Mr. Contine The Bridge The Steel Herosenses a fine of freedom figures at my SET was upon to the second